



**COLORADO GARDEN FOUNDATION
SCHOLARSHIP APPLICATION
PICKENS TECH**

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Email _____

Please tell us how you heard about our scholarship: _____

Permanent address and phone (if different from above) _____

Statement of education and career goals: (use extra sheets of plain paper as needed)

Statement of financial need: (i.e. other grants/loans, living expenses, estimated yearly school expenses)

Submit completed application by **June 15th** to:

Colorado Garden Foundation
959 S. Kipling Pkwy, Suite 100
Lakewood, CO 80226
Phone 303-932-8100 Fax 303-932-8101