



**COLORADO GARDEN FOUNDATION  
SCHOLARSHIP APPLICATION**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Email \_\_\_\_\_

Please tell us how you heard about our scholarship: \_\_\_\_\_

Permanent address and phone (if different from above) \_\_\_\_\_  
\_\_\_\_\_

Academic status \_\_\_\_\_ (Undergraduate, Graduate Student)

Current grade point average \_\_\_\_\_ (on a 3.0 scale, 4.0 scale, 5.0 scale  
circle appropriate scale)

Financial Aid Officer \_\_\_\_\_ Phone \_\_\_\_\_

Declared Major or Minor \_\_\_\_\_

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)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please enclose statement of financial needs status from financial aid officer, references from two (2) faculty members and a current transcript of grades.

Submit completed application by **March 15<sup>th</sup>** to:

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