



The Garden Club Of America

14 EAST 60TH STREET • NEW YORK, NY 10022

TELEPHONE (212) 753-8287

ZELLER SUMMER SCHOLARSHIP

IN MEDICINAL BOTANY

*Medicinal Botany studies for college students enrolled in accredited
United States universities and colleges following their freshman, sophomore, junior or senior year.*

APPLICATION - SUMMER 2011

APPLICATION AND ACCOMPANYING MATERIALS MUST BE IN THE NEW YORK OFFICE BY FEBRUARY 1

Type or Print

Name: _____

Permanent Address: _____

Phone: _____

Present Address: _____

Phone: _____

(Include dates you expect to receive mail here. Mail sent after these dates will be mailed to your permanent home address.)

Social Security Number: (optional, will need if selected) _____ Sex Female Male

Citizenship: _____

9. How did you learn about this scholarship? (Please check all that apply.)

Professor Name: _____ Department _____

University: _____

Internet Search method: _____

Grant directory Name: _____

Scholarship Service Name: _____

Other Specify: _____

Present college/university: _____

Address: _____

Current grade level: _____ Anticipated graduation date: _____ Academic concentration: _____

Schools, universities, professional/technical schools attended:

Name of Institution:	Dates Attended	Year of Graduation	Degree obtained

Academic honors: _____

Scholarships/fellowships and dates: _____

Employment: (give dates) _____

Additional experience and activities: _____

Memberships: _____

Leadership positions: _____

Career goals/professional plans: _____

Name and location of summer program: _____

Content of program: _____

Supervising institution and contact name: _____

Signature: _____ Date of Application _____

ADDITIONAL INFORMATION REQUIRED

- 1. SHORT ESSAY:** Please tell us about the summer program or project you have selected, how it fits into your future plans, and what you hope to achieve. (Use separate sheet to answer.)
- 2. REFERENCES:** Please forward two letters of recommendations, one from your advisor and one from a professor familiar with your work and interests. One should include comments on your academic progress and achievement, personal qualities, and eligibility for the summer program you have selected. The other should include information on the program you have selected and assurance that you have applied and can be accepted.
- 3. CURRENT TRANSCRIPT:** Please attach a copy of your official college/university transcript with your application.

Please do not alter or retype the application, (or send any additional materials that are not requested.)

**Mail application and accompanying material in one envelope to:
(do not fax or e-mail)**

**GCA SUMMER SCHOLARSHIP IN MEDICINAL BOTANY
The Garden Club of America
14 East 60th Street
New York, NY 10022**

The Scholarship Committee will meet in March. Applicants will be notified shortly thereafter.

The Garden Club of America policy conforms with and strongly supports applicable federal and state laws that forbid discrimination on the basis of race, sex, disability, religion, age, national origin or sexual orientation with regard to the application for any of the scholarships The Garden Club of America sponsors.