The Windsor Garden Club Scholarship Application Form 2025



| Name (First, MI, Last): Mailing Address: | |
|---|---|
| Phone: Email: | |
| School: | |
| Guardian Name & Address Street Address: City, State, Zip: | (if different): |
| Colleges applied to: | |
| 2. College you plan to attend | d: |
| 3. Intended degree major: _ | |
| Type of career you wish to requirements for scholarship | o pursue: (Attach additional sheets if necessary) Reflect on the award. |
| 5. Please list extracurricular | activities and awards received. (Attach additional sheets if necessary) |
| criteria for this scholA transcript of your I | • |
| Applicant Signature: | Date: |

Return the application by April 22nd at 11:00am due to:
Carol Normoyle, Guidance Department cnormoyle@windsorct.org Windsor High School 50 Sage Park Rd., Windsor, Ct.