



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 2010

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 _____

