

# LACOMBE & DISTRICT GARDEN CLUB BURSARY APPLICATION FORM

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

1. Please provide the name of the post-secondary institution you have applied to attend.
2. Please provide the name of the program for which you have applied for.
3. Please provide some information about your interest in gardening &/or related fields. List related activities in which you have been involved. Attach sheets if necessary.
4. Please attach a copy of your post-secondary acceptance letter.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_