Texas City Garden Club – Willeen Luhn Memorial TCISD Scholarship

Name:					
Address:					
Phone:		Number of people in family:			
High School:	GP	?A:	_Class rank:	out of	
Activities in which you participated	d demonstrating an int	erest in the en	vironment:		
Honors and Awards:					
Briefly describe yourself and why y	ou should receive this	scholarship:			
Name of the college or university t					
Course of study or major you plan	to study				

You may attach a resume or other documents you wish to be considered with the application

Completed application must be returned to Mr. Chapa in the Counseling Suite by April 1st, 2023