



WYCKOFF AREA GARDEN CLUB SALLY DITTON SCHOLARSHIP

A P P L I C A T I O N

(NOTE: Only students currently enrolled in the graduate Landscape Architecture degree program are eligible.)

Please type in the fields or print out and print clearly.

A. Student Information

Name: _____ Student ID #: _____

Email address: _____ Phone #: _____

Home address: _____

School-year address: _____

B. Academic History

High School: _____ Year graduated: _____

College: _____ Year graduated: _____

Degree: _____

Major: _____

Current area of concentration: _____

C. Achievements/Activities

List any current and past school, community, or work activities

List any Honors, Awards, Scholarships received

D. Attach a one-page (typed) statement describing your academic areas of interest, your career goals, and a letter of recommendation from a member of the department faculty and mail by April 30, 2021 to:



Wendy Headington
Wyckoff Area Garden Club Scholarship Committee
429 Caldwell Drive
Wyckoff, NJ 07481