

CAPE COD LANDSCAPE ASSOCIATION, INC

Post Office Box 1327, Sagamore Beach, MA 02562

1-877-432-3156

Member Toolship Application

Deadline: April 25, 2010

Full Name: _____

Home Address: _____

Telephone: _____

Colleges or schools to which you have applied

Colleges or schools by which you have been accepted or are currently attending

What aspect of the green industry are you planning to pursue? _____

Name of college or school you plan to attend _____

Have you applied for other scholarships? _____

List all school and community activities such as Dramatics, Public Speaking, Newspaper, Yearbook, Class Officers, Musical Activities, Scouting and other community and/or church groups activities and offices held last year.

FAMILY INFORMATION

Name of CCLA parent _____

Father/Guardian (circle one): _____

Occupation/Employer: _____

Mother/Guardian (circle one): _____

Occupation/Employer: _____

Address of either parent, if not same as home address _____

Total number of persons dependent on parents (include self, parents, grandparents) _____

OTHER INFORMATION

What part-time, summer or full-time employment have you had?

<u>Year</u>	<u>Job</u>	<u>Amount Earned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

What savings do you have at present? _____

Include the following with application:

- Statement of one hundred words or less regarding your interest in pursuing a career in horticulture and why you believe you should be given consideration as a scholarship candidate by the Cape Cod Landscape Association.
- Copy of official school transcript

Your application will be judged on scholarship, character, leadership, cooperation, seriousness of purpose and financial need. You must be a resident of Cape Cod to qualify. Scholarship checks will be made out to the appropriate educational facility.

The statements in this application are true to the best of my knowledge and belief:

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____ / _____ / _____