

CAPE COD LANDSCAPE ASSOCIATION, INC

Post Office Box 1327, Sagamore Beach, MA 02562

1-877-432-3156

**Member Toolship Application**

**Deadline: April 25, 2011**

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.

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## 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_