

Mike Stacy Memorial Scholarship Application Annual Deadline: April 25

Please note: To be eligible for this scholarship you must be a Cape Cod student pursuing an education in the landscaping aspect of the Green Industry.

Full Name:				
Home Address:				
Town, State, Zip _				
Telephone:				
Email:				
Currently attending:				
Current GPA:				
Name of school planning to attend:				
.tae or serioor planin	.,,,			
Major:				

List all school, commu	nity activities, volunteer work and/or	church groups activities and offices
held last year.		
	FAMILY INFORMATIO	N
Father/Guardian (circl	e one):	
Occupation/Employer		
Mother/Guardian (circ	cle one):	
Occupation/Employer	·	
Total persons depende	ent on parents (include self, parents, g	grandparents)
	ADDITIONAL INFORMAT	rion.
What part-time, sumn	ner or full-time employment have you	
Year	<u>Job</u>	Amount Earned
	<u></u>	
		

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.

Return application to CCLA, 67 West Street, Medfield, MA by the deadline of April 25.

Scholarship checks will be made out to the educational facility.

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

Student Signature:		
Parent/Guardian Signature: _		
Date:	/	