

**Connecticut Nurserymen's Foundation  
Scholarship Application  
2019**

**For Students planning a major in HORTICULTURE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email address: \_\_\_\_\_

Major of study. Explain as specifically as possible. Is this a 2 yr or 4 yr program?

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Schools you have applied to in order of choice (college students, note school attending).  
Mark with a "check" if accepted.

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Briefly describe your career goals:

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List tuition, room and board of your 1<sup>st</sup> choice school (current school for college students or new school if you are transferring). Note if you will be commuting from home. Note any other applicable fees.

Tuition \_\_\_\_\_ Room \_\_\_\_\_ Board \_\_\_\_\_ Total: \_\_\_\_\_

Other Fees \_\_\_\_\_

Have you applied for financial aid at your school of choice? Yes \_\_\_\_ No \_\_\_\_  
If no, why not? Please attach any financial aid awarded.

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Have you applied for any other scholarships? Yes \_\_\_\_ No \_\_\_\_  
Explain from whom and how much. Attach award letter.

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Describe the type of student you are, academically. High school students to include an official transcript; college students to provide an official college transcript listing grades, plus high school transcript if currently a freshman. List your strengths, weaknesses, and any academic honors/awards.

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Describe the type of student you are, non-academically. Please include any clubs, sports, community involvement, volunteer work, etc.

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Describe any work experience (summers, after school, especially jobs/internships related to the field you will be studying)

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Student Signature: \_\_\_\_\_

Guidance counselor/advisor signature: \_\_\_\_\_

Name of High School or University/College: \_\_\_\_\_

Please be sure the following are attached before submitting your application:

- Application
- Acceptance letters, if received
- SAR (Student Aid Report – FAFSA)
- Financial aid award letters
- Official high school or college transcript
- Parent information (page 5 & 6)
- 2 or more letters of recommendation. One must come from someone other than a teacher/guidance counselor.

The Connecticut Nurserymen's Foundation wishes you success in whatever career path you take.

**Application must be received no later than Monday, March 4, 2019.** Submit electronically to:

[ctnurserymen@gmail.com](mailto:ctnurserymen@gmail.com) – Jim Messier, Executive Secretary, CNF

Supporting documents that can not be scanned and sent electronically should be sent to:

Jim Messier, Executive Secretary  
Connecticut Nurserymen's Foundation  
16 Lynn Drive  
Vernon CT 06066

860-729-2433

Parent portion of Application

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Email address: \_\_\_\_\_

Is there likely to be a significant change in combined gross salary for 2019? Yes \_\_\_\_\_

No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

List other children/dependents along with age and grade for the school year 2019-2020:

\_\_\_\_\_

\_\_\_\_\_

Did you file a FAFSA (Free Application for Federal Student Aid) with Federal Student Aid Program on behalf of your son/daughter? Yes \_\_\_\_\_ Date \_\_\_\_\_

No \_\_\_\_\_ Without this, your child will not be eligible for scholarship consideration. **CNF must receive this report no later than Monday, March 18, 2019.**

Are you eligible for a Pell Grant? Yes \_\_\_\_\_ No \_\_\_\_\_

Divorced or separated parents must provide the following information:

Year of Separation: \_\_\_\_\_ Year of Divorce: \_\_\_\_\_

Other parent's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

According to court order, when will support for the student end?

Month and year: \_\_\_\_\_

Who claimed the student as a tax exemption for last year? \_\_\_\_\_

Is there an agreement specifying a contribution for the student's education?

Yes \_\_\_\_\_ How much for the 2019-2020.  
9 school year? \_\_\_\_\_

No \_\_\_\_\_

Please write a statement that best explains the existing circumstances that affect your child's need for financial assistance:

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Father's signature: \_\_\_\_\_

Mother's signature: \_\_\_\_\_