



# MONTANA NURSERY & LANDSCAPE ASSOCIATION

## Scholarship Program

### Instructions & Application Forms

#### Award Categories

##### College/University Study

Scholarships will be considered for vo-tech, community college, and university courses of study to MNLA members and their families and employees.

##### Short Course Study

Scholarships will be considered for short courses offered to those in the horticultural industry. Short courses may include, but are not limited to, the following: industry conferences and conventions, certification preparation courses, master gardener programs, and other relevant classes or programs offered by federal, state, or local government agencies. Funds in this award category may be requested for registration fees/tuition, books and/or required materials, and related travel expenses. Application must be made before course work begins or before course work is completed. Applications for courses already completed will not be considered.



## General Scholarship Application Instructions

The Montana Nursery & Landscape Association (MNLA) offers one-year education scholarships to students each winter. Scholarship winners are announced late December and award checks are issued in January. The amount of the award is based upon the applicant's need, the extent to which the field of study corresponds to the Association's focus and interest, and the availability of Association scholarship funds.

### Purpose

It is MNLA's intention to strengthen the Montana nursery and landscape industry by supporting the education of its members and their families and employees.

### Eligibility

Applicants must be either an MNLA Active (Montana residents only) member or a family member or employee of an Active member company. The education program may be in a horticulture-related field or other degree program.

Applications in the College/University Study award category must be Junior, Seniors or Graduate students. Applications may be made by Sophomores for grants to be awarded for their Junior year.

Applications in the Short Course Study category must be actively engaged (working) in horticulture or a related field.

### Notification

All applicants are notified of the Board's scholarship decisions before the end of December. Award checks are issued to scholarship recipients at the Montana Green Expo in January.

### Mail Scholarship applications to:

Scholarship Program  
Montana Nursery & Landscape Association  
P.O. Box 215  
Park City, MT 59063-0215  
(406) 755-3039

### Deadline: must be postmarked by October 1<sup>st</sup>

*If October 1 falls on a Sunday, the following Monday is the postmark deadline.*

### Application checklist

#### College/University Study Category

- 1. Application form – Must be typed and must be complete
- 2. Financial Aid Form – Must be complete, with all questions answered, and signed by both student and Financial Aid Officer.
- 3. Academic Transcript – Complete official transcript of grades is required. Emphasis is placed on the strength of courses related to the student's major in horticulture or an allied field. 2.5 GPA is required.
- 4. Two letters of recommendation which discuss scholastic ability, personal character, and work-related experience of applicant. No more than two letters will be considered, one type written page maximum each.
- 5. Letter from applicant – Discuss goals, background, financial need, personal commitment to career choice. Limited to two type written pages. No additional pages or other materials will be considered.
- 6. List of extra-curricular activities/community activities/ honors received – This information should be submitted on a separate sheet of paper, not included within the body of applicant's letter.

#### Short Course Study Category

- 1. **Letter of application**– Must be type written (3 pages maximum) and include the following:
  - a. Course information - a summary of the course the applicant wishes to attend, dates and location of course, and potential benefit of course;
  - b. Applicant's current work/study in horticulture – a summary of your current job or course of study in the horticultural field, and any specialty horticulture interests;
  - c. MNLA involvement – brief summary or involvement with the Association or past participation in MNLA events;
  - d. Identification of MNLA member sponsor – statement regarding relationship to an MNLA member firm, such as “daughter of owner of member nursery, XYZ Nursery & Landscaping” or “employee of member nursery, XYZ Nursery”.
  - e. Course budget – brief itemization of amount and purpose of scholarship funds being requested. You may request whole or partial funding.
- 2. **Letter of support from MNLA member sponsor.** This letter can be from the owner, manager, or other managing personnel employed by a member firm.
- 3. **Copy of course promotional materials** – this may include the conference brochure, flyer, or other promotional material that completely describes the course content, identifies speakers, course sponsor, and cost.
- 4. **Confirmation of registration** - if you have already registered for the course, please provide a copy of your confirmation. If you have not yet registered, your scholarship award is contingent upon proof of registration and funds may not actually be issued until registration can be confirmed.



# Scholarship Application Form for College/University Study Category

## 1. Biographical Information

Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Permanent Address \_\_\_\_\_ School Address (if available) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

MNLA Member/Business Name: \_\_\_\_\_ Member Since: \_\_\_\_\_

Family Member  Employee

## 2. School Information

College/University: \_\_\_\_\_

Department in which Enrolled: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Year in School: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

School previously attended: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Occupational objective after graduation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Address of Financial Aid Officer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Financial Aid Office Phone Number: \_\_\_\_\_

## 3. Signature

I certify that the above information is true and correct to the best of my knowledge.

Student signature \_\_\_\_\_ Date \_\_\_\_\_



## Financial Aid Form for College/University Study Category

This form must be completed by the Financial Aid Officer of the college or university involved, and by the student, and must be signed by both of those individuals.

This information will be held in the strictest confidence. It will be made available only to appropriate officials of the college/university and to the members of the Montana Nursery & Landscape Association's Board of Directors for the purpose of awarding the scholarship. Since actual financial need is one of the determining factors in the awarding of scholarships, it is necessary that all of the requested information be supplied.

Use the following form to show all anticipated sources of funds, including scholarships other than one anticipated from MNLA, assistantships, 529 College Savings Plan, etc., as well as all projected costs involved for attending college in the next school year. It is not a requirement that projected resources and expenditures must balance.

<b>RESOURCES</b>	<b>EXPENDITURES</b>
_____ From parent or relative	_____ Tuition & Fees
_____ From personal savings	_____ Housing
_____ 529 College Savings Plan	_____ Board
_____ School-year earnings	_____ Books/Supplies
_____ Grants/Scholarships	_____ Clothing/Laundry
_____ Loans	_____ Transportation
_____ Other: _____	_____ Other: _____
_____	_____
<b>_____ Total Funds Available</b>	<b>_____ Total Expenses</b>

**FINANCIAL AID OFFICER:**

Is this student eligible for receiving financial aid at your institution?

Grants/Scholarships:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Loans:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Has this student applied for financial aid at your institution? Yes  No

Financial Aid Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid Officer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_