



Central New York State Nursery and Landscape Association
P.O. Box 3293, Syracuse, NY 13220-3293
Phone: (315) 476-1307; Fax (315) 474-1784

\$1,500 PETER GASPARINI SCHOLARSHIP APPLICATION

Date _____ Your Name _____

Phone # _____ E-Mail _____

Present Address _____ City _____ State _____ Zip _____

Please indicate permanent address (if different from above):

Street _____ City _____ State _____ Zip _____

Name(s) of Parent(s), Guardian or Spouse (if resident at your permanent address):

_____ Phone _____ E-Mail _____

University or College You Will Be Attending in Fall. (The institution for which you are applying for this Scholarship):

Name: _____

Street _____ City _____ State _____ Zip _____

Admissions Phone # _____ Bursar's Phone # _____

Current Year Enrolled (1-4) _____ Semester _____

Major _____ Minor _____

Overall Grade Point Average _____

Special Honors, Awards, Elected Positions, etc. _____

College Activities (please attach verification of enrollment to Application) _____

Name of High School Attended _____

Street _____ City _____ State _____ Zip _____

Contact Name _____ Phone _____

Special Honors, Awards, Recognition, etc. _____

University or College Previously Attended _____

Street _____ City _____ State _____ Zip _____

Contact Name _____ Phone _____

How Many Years Attended: _____ Did You Graduate: Yes _____ No _____

Major _____ Minor _____

Special Honors, Awards, Recognition, etc. _____

Continued on reverse side.....

Other School Activities Not Listed Above _____

Community Activities _____

Please list any scholarship(s) or monetary awards you are currently receiving or will be eligible to receive in the next year:

Are you receiving or will you be eligible to receive any State Tuition Assistance Programs, such as TAP, in the next year?

Are you currently employed? Yes _____ No _____ If yes, in what capacity? _____

Name of Firm: _____ Phone # _____

Street _____ City _____ State _____ Zip _____

Contact Name _____

Have you had any experience working in the nursery, ornamental, horticulture/landscape industry, or in a related field?

If yes, in what capacity? _____

Name of Firm: _____ Phone # _____

Street _____ City _____ State _____ Zip _____

Contact Name _____

As an applicant, are you acquainted with a member of CNYSNLA, Region 4, either personally or professionally:

Yes _____ No _____ If yes, please list name & company: _____

Please include two (2) references; one from a professor and one personal. Also, please write a short essay describing your future plans in the landscaping industry.

The above information is true to the best of my knowledge, and I give permission to contact the above listed contacts for verification.

Signature: _____ Date _____

***Please mail your completed Application, along with references, to the address on the reverse side.
Thank you for your interest in the Central New York State Nursery & Landscape Association!***