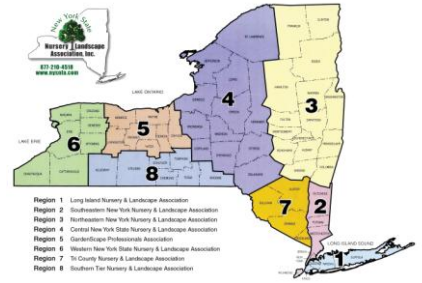




**Central New York State Nursery and Landscape Association**  
**P.O. Box 3293, Syracuse, NY 13220-3293**  
**Phone: (315) 476-1307; Fax (315) 474-1784**



**\$1,500 PETER GASPARINI SCHOLARSHIP APPLICATION**  
**REGION 4 -- DUE BY NOVEMBER 15<sup>TH</sup>**

Date \_\_\_\_\_ Name \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please indicate permanent address (if different from above):

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

University or College You Will Be Attending Next Semester. (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. \_\_\_\_\_

Community Activities \_\_\_\_\_

*Continued on reverse side.....*

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

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

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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) letters of reference; one from a professor and one personal. Also, please write a short essay describing your future plans in the landscaping industry.

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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!***