Application for Southborough Gardeners' Scholarship

Qualifications: Student must be a resident of Southborough for at least two years, and accepted at a school of higher education in one of the following fields: Floral Design, Landscape Design, Horticulture, Environmental Studies, Ecology, Conservation, Agriculture, or any other related field.

To be completed by the applicant:

- 1.
 Name: ______

 Address: ______
 Home phone: ______

 Cell phone: ______
 E-mail: ______
- 2. Present School: _____ Graduation date: _____
- 3. If you are currently attending a post secondary school: Area of study: _____
- 4. Type of post secondary schools to which you have applied: 4 year college/university ____ Voc Tech ___ Community College ____

- 5. List post secondary schools to which you have been accepted:
- 6. Student will be enrolled: full time ____ part time ____
- 7. Major Field of Study: _____
- 8.Work Experience during the past 4 years:
Location:Dates from/to:Hours per week:

Out of School Acti sports, scouts) Activity:	vities during the past 4 year Years participated:	rs: (community service, Awards/Honors:
	of your plans as they relate t re goals. (Use additional pa	
0	space to tell the committee a g the selection process.	anything else you feel

Southborough Gardeners, P.O. Box 184, Southborough, MA 01772