

## Connecticut Nurserymen's Foundation, Inc

16 Lynn Drive, Vernon CT 06066 | 860-729-2433 | ctnurserymen@gmail.com | www.cnla.biz

### *Michael Johnson Scholarship 2021*

This scholarship is for students who are a non-traditional learner. They will be considered on their enthusiasm, diligence, aspirations, and potential as a valued member of the horticultural field.

The CT Nurserymen's Foundation believes that these factors should not be considered limitations to success in our industry.

Instead, we want to offer an opportunity to allow all individuals who are looking for assistance to have a fair and unbiased chance to be recognized for what they can offer the industry.

If you have a love of plants and are interested in going into the nursery/horticulture field and this describes you, we urge you to apply for the **Merit Based Scholarship**.

- CNF will fund one student in the amount of \$2,500 per semester/\$5,000 per year.
- The student does not need to show financial need to qualify for this scholarship.
- To continue to qualify for this scholarship, the student must pass and report to CNF about their progress via a presentation at a winter or summer meeting, a written essay, or a video.
- May attend a 2- or 4-year institution or trade school.
- Application must be received by March 1, 2021 and mailed or emailed to the address above.

# Connecticut Nurserymen's Foundation, Inc

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## *Michael Johnson Scholarship Application 2021*

*For Students planning a major in HORTICULTURE*

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

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

Phone \_\_\_\_\_ Email: \_\_\_\_\_

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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Describe the circumstances that affect your need for financial assistance. Please attach your **SAR (Student Aid Report)**. Without this form, you will be disqualified for the scholarship. **Remit to CNF no later than Monday, March 15, 2021.**

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Where did you obtain this application? High school guidance counselor, online, UConn, Naugatuck Valley Community College, heard about it from a friend, other?

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Please write a paragraph about yourself. How do you see yourself? What kind of person are you? Why do you want to pursue your education? Why do you think a career path in horticulture is the right one for you?

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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/Guardian 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 1, 2021.** Submit electronically to:

ctnurserymen@gmail.com – Jim Messier, Executive Secretary, CNF

Supporting documents that cannot be scanned and sent electronically should be mailed to:

Jim Messier, Executive Secretary  
Connecticut Nurserymen’s Foundation  
16 Lynn Drive  
Vernon CT 06066  
860-729-2433

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## *Michael Johnson Scholarship Application 2021*

### To be completed by the Parent/Guardian

Parent/Guardian Name (1): \_\_\_\_\_

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

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

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

Parent/Guardian Name (2): \_\_\_\_\_

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

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

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

Is there likely to be a significant change in combined gross salary for 2021?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

List other children/dependents along with age and grade for the school year 2021-2022:

\_\_\_\_\_

\_\_\_\_\_

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 15, 2021.**

Are you eligible for a Pell Grant?  Yes  No

Divorced or separated parents/guardians must provide the following information:

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

Other Parent/Guardian 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. If so, how much for the 2021-2022 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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Parent/Guardian (1) signature: \_\_\_\_\_

Parent/Guardian (2) signature: \_\_\_\_\_