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.
*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?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

List tuition, room, and board of your 1st 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.

________________________________________________________

________________________________________________________

________________________________________________________

Have you applied for any other scholarships?  ❑ Yes  ❑ No
Explain from whom and how much.  Attach award letter.

________________________________________________________

________________________________________________________

________________________________________________________

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.

________________________________________________________

________________________________________________________

________________________________________________________

Describe the type of student you are, non-academically.  Please include any clubs, sports, community involvement, volunteer work, etc.

________________________________________________________

________________________________________________________

________________________________________________________

Describe any work experience (summers, after school, especially jobs/internships related to the field you will be studying)

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Page 2
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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________

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?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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
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:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Parent/Guardian (1) signature: ________________________________________________

Parent/Guardian (2) signature: ________________________________________________