

WLCA METRO MILWAUKEE CHAPTER

PROFESSIONAL LANDSCAPE SCHOLARSHIP FUND, INC.

ELIGIBILITY GUIDELINES:

Preferred applicants should be:

1. A Wisconsin resident who intends to live and work in the State of Wisconsin after graduation;
2. A full-time student attending a college or technical school;
3. Enrolled in an accredited four-year degree program or two-year certificate program in horticultural or a landscape related area.

In addition, a candidate must have successfully completed at least one semester in a two year academic program or one year in a four year academic program. The scholarship must be used by the recipient for the specific purpose of pursuing or advancing their career in the landscape industry through education. Scholarships are awarded in the amount of \$500.00 to \$2,500.00 and are paid directly to the college or technical school the recipient is attending for the student's tuition and fees.

One or more scholarships may be awarded each year. Scholarship recipients are selected on the basis of financial need, academic performance, employment experience and a demonstrated commitment to the landscape industry.

Finalists are usually selected once a year and may be asked to meet personally with members of the WLCA Scholarship Committee, if necessary, as part of the evaluation process.

During the final selection process one or more of the eligibility guidelines may be waived under special circumstances at the discretion of the WLCA Scholarship Committee.

TO APPLY FOR A SCHOLARSHIP:

1. Complete the application form answering each question as fully and completely as possible.
2. Write an essay (one page, double spaced on plain paper) explaining why you are pursuing a career in the landscape industry, your main area of interest and your career goals.
3. Provide two professional letters of recommendation from two different employers, teachers or professors.
4. Provide one personal letter of recommendation from someone 21 years of age or older who is not a family member.
5. Provide transcripts of your grades (high school senior year through the present).

Attach your essay, your three letters of recommendation and transcripts of grades to the completed application and mail it to:

**WLCA Metro Milwaukee Chapter
21620 Belgren Road
Waukesha, Wisconsin 53186
Attn: Scholarship Fund Committee**

NOTE: Deadline date is November 30, 2007.

PERSONAL

- A. Full Name _____
- B. Home Address _____ Home Phone (____) _____

- C. School Name _____ School Phone (____) _____
School Address _____

- D. Date of Birth _____

Complete this section only if student is considered a dependent by someone else for tax purposes.)

List Parent(s) or Legal Guardian(s)

Name _____ and _____
 Address _____
 Phone (____) _____ Phone (____) _____
 Occupations: _____
 Mother's: _____
 Father's: _____
 Legal Guardian's: _____

- F. Marital Status: _____
 Spouse's Name and Occupation: _____
 Spouse's Annual Income \$ _____ Number of Dependents: _____

ACADEMIC

- A. Degree _____ Expected Date of Graduation: _____
- B. Major/Track _____ Minor/2nd Major/Track _____
- C. Current Standing _____ Freshman _____ Sophomore _____ Junior _____ Senior _____
 (or) Semester 1 _____ 2 _____ 3 _____ 4 _____
- D. Program 2 year _____ 4 year _____ Current G.P.A. _____ (Circle Point Scale: 6 5 4 3)
- E. List other colleges/technical schools attended and dates of attendance:

- F. List student, community, professional, etc. activities you have participated in.

- G. List any honors or awards you have received. _____

- H. Do you work during the school year? _____ How many hours a week? _____

FINANCIAL INFORMATION

	<u>Source of Funds</u>		<u>Expense Budget</u>
Personal Earnings	\$ _____	Tuition & Fees	\$ _____
Loans	\$ _____	Room/Board/Housing	\$ _____
Other	\$ _____	Books & Supplies	\$ _____
Other	\$ _____	Other	\$ _____
Total Annual Funds Available \$ _____		Total Annual Expenses Anticipated \$ _____	

EMPLOYMENT INFORMATION

List all employers since high school (your current or most recent employer first), the position held, your responsibilities and dates of employment (please use another sheet of paper if necessary and attach it to the back of this application).

1. Employer _____
 Position _____ Employment Dates _____
 Responsibilities _____

2. Employer _____
 Position _____ Employment Dates _____
 Responsibilities _____

GENERAL INFORMATION

- A. What area of the landscape industry are you most interested in? _____

- B. What are your plans after completing your education? _____

- C. How will this scholarship benefit you? _____

- D. State any additional information which you think will be helpful or pertinent in evaluating your qualifications and need for this scholarship.

Signature _____ Date _____

My signature on this document certifies that the information provided is true and correct to the best of my knowledge.