

## AzMF Certification Scholarship Application

| Name:   |              |           | <u> </u>                      |  |
|---|--------------|-----------|-------------------------------|--|
| Address: Telephone:                                 |              |           |                               |  |
| Email:  |              |           |                               |  |
| Parent/Guardian (if under 18):                      |              |           |                               |  |
| Academic Record:                                    |              |           |                               |  |
| High School, Trade Schools, or College              | e, program   | of study  | and completion dates          |  |
|   |              |           |                               |  |
| Are you currently attending school                  | ol? If       | yes, wh   | nere?                         |  |
| Types of activities you do—could be p the community | rofessional, | social, s | scholastic or volunteering in |  |
| Organization  | Years Inv    | olved     | Awards or Positions           |  |
|   |              |           |                               |  |
|   |              |           |                               |  |
|   |              |           |                               |  |
|   |              |           |                               |  |
| Employment (last 2 years):                          |              |           |                               |  |
| Name of Business                                    |              | Duties    |                               |  |
|   |              |           |                               |  |
|   |              |           |                               |  |
|   |              |           |                               |  |
|   |              |           |                               |  |



## Scholarship Application

| Floral industry awards or recognition you have received:                        |                                  |  |  |  |
|---|----------------------------------|--|--|--|
| Have you received other scholarships, grants or awards (include dates/amounts)? |                                  |  |  |  |
| What school   | do you plan to attend?           |  |  |  |
| What is the c   | ost of the school?               |  |  |  |
| What other e  | stimated expenses may you incur? |  |  |  |
| When would  | you attend the school?           |  |  |  |

Documents that must accompany this scholarship application :

- Write a 200 word essay on why you are applying for this scholarship and why you wish to pursue these courses in the field of floriculture.
- Submit two letters of recommendation. One from your employer and someone you know professionally—not a relative. If self employed, two professional letters of recommendation.

Return application, essay and letters of recommendation to:

**ASFA** 

4840 East Dale Lane Cave Creek, AZ 85331 asfapres@gmail.com