



Massachusetts Flower Growers' Association  
8 Gould Road  
Bedford, MA 01730

Application Deadline: May 15, 2024

**2024 Application for  
Massachusetts Flower Growers' Association Scholarship Award**

*(\$1,500 per year for up to four years of study)*

This Scholarship is for students pursuing a 2 or 4 year degree in **horticulture or related subjects only**.

A. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

B. High school(s) attended in last three years:

School: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

C. Name of school or college for which you request the scholarship:

\_\_\_\_\_

D. Number of years of study planned (*check one*):    1    2    3    4    5    6

E. If now enrolled in an institution of higher learning give name and address of the school or college:

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

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

F. Major course of study: \_\_\_\_\_

G. Complete the following information for the college you plan to attend:

1. Tuition \$ \_\_\_\_\_ 2. Room and board \$ \_\_\_\_\_ 3. Books \$ \_\_\_\_\_

4. Fees \$ \_\_\_\_\_ 5. Other \$ \_\_\_\_\_ **Total \$** \_\_\_\_\_

H. Family Income (*check one*):

0 – \$30,000

\$30,000 – \$50,000

\$50,000 – \$70,000

Over \$70,000

I. Number of children younger than you in the family:

J. Number of children older than you: \_\_\_\_\_

K. Number of above children attending college: \_\_\_\_\_

Specify name(s) of college(s): \_\_\_\_\_  
\_\_\_\_\_

L. Your assets or debts:

1. Have you earned and saved any money toward your education? Approximate amount \$ \_\_\_\_\_

2. Amount of savings? \$ \_\_\_\_\_

3. Parents' or guardians' contribution to your education (college) \$ \_\_\_\_\_

4. Approximately what percent of the first years cost must you bear yourself? \_\_\_\_\_%

5. Do you own an automobile Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, make year: \_\_\_\_\_

M. Amount of other scholarship(s) granted \$ \_\_\_\_\_

N. In essay form, please tell why you have chosen this field of study, and how you spent your last two summers. (*Please use separate sheet to complete essay question*)

O. Extra curricular activities: (e.g. clubs, sports, class officer, volunteer work, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

P. Explain any unusual circumstances that you wish considered: (e.g. medical costs, family situation).

\_\_\_\_\_  
\_\_\_\_\_

Q. References:

1. Academic Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Work Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Personal Name: \_\_\_\_\_

*(list two)*

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_

Telephone: \_\_\_\_\_

R. Please enclose your high school and/or undergraduate transcripts along with this application.

I certify that the above information is true to the best of my knowledge and that no misrepresentation has been intentionally made.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send the Application and all related materials to:

**Massachusetts Flower Growers' Association, 8 Gould Road, Bedford, MA 01730**