Submit Applications To:

WSNLA Scholarship & Research Charitable Fun 34400 Pacific Hwy. S. Ste 2, Federal Way, WA 98003 800.672.7711 Fax: 253.661.6058 info@wsnla.org

Our Mission: To support the success of our members by serving, promoting, representing and educating the horticultural community of Washington State.



SELECTION CRITERIA:

The following selection criteria shall be utilized when reviewing applications and selecting recipients.

- Must submit a completed application, statement of intent, by February 28.
- Must be provide research for the horticultural industry.
- Must be a researcher for a Northwest accredited institution.
- Must agree to share research results with the professional horticultural community.

TYPE OR PRINT CLEARLY IN BLACK INK.

1. PERSONSAL INFORMATION

Name:			
Address:			
City:	State:	Zip:	
Telephone Number:	Email:		
•			

2. INSTITUTIONAL INFORMATION

Anticipated Completion Date:	 	

3. FINANCIAL SUPPORT

Please tell us the percentages of s	upport you are receiving from sources below:
Other scholarships or grants:	Other (explain):

4. STATEMENT OF INTENT

Include an individual statement describing research, goals and protocals. (This statement should be no longer than two typed page, double-spaced.)

5. LETTERS OF REFERENCE

Include at least two letters of reference from individuals or businesses in support of your research.

6. LOCAL NEWSPAPER: ____

Please sign below and return this application with all requried correspondence to: **WSNLA Scholarship & Research Charitable Fund by February 28.**

I certify that all information of this form is true to the best of my knowledge. I understand that all decisions made are final and not subject to review or appeal. I further understand that any information provided in this form my be shared with committee members of the sponsoring scholarship.

Student Signature

(Parent Signature if student is under 18)

Date

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