



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

Application Deadline: May 15, 2025

**2025 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