



Board of Directors:

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The Bob Hoskins / Sandy McDougald Horticultural Scholarship Fund, Inc.

The Bob Hoskins/Sandy McDougald Horticultural Scholarship has been established to commemorate the enthusiasm, dedication and many years of service, which Sandy and Bob contributed to the horticultural industry in Palm Beach County.

Each scholarship selection is based upon academic excellence and desire for a career in horticulture or related fields. Individual awards typically range from \$500 to \$1500.

To qualify, applicants must:

1. Reside within the boundaries of one of the following FNGLA Chapters:
 - a. Palm Beach (Palm Beach County)
 - b. Broward (Broward County)
 - c. Treasure Coast (Martin, St. Lucie, Indian River & Okeechobee Counties)
2. Currently be a senior at an accredited public or private school within the chapter areas described in item 1 and/or presently enrolled in an accredited community college, vocational school, four-year university or graduate program.
3. Have a minimum cumulative grade point average of 2.5.
4. Complete in full and submit the accompanying application, postmarked by the deadline.
5. Submit an official transcript of at least the last two years of course work, whether it be college, vocational, or high school level.
6. Submit three letters of recommendation from teachers, school administrators, work supervisors, or other similar, but non-family references.
7. Currently accepted into a horticulture or related field program at an accredited community college, vocational school, four-year college, or graduate school.

Applications must be submitted by **June 30** of each calendar year to:

HMHSF

Attn: Laurie Maybay
4849 Brighton Lakes Blvd.,
Boynton Beach, Florida 33436

It is our intent to notify successful scholarship recipients by July 30 of each calendar year.



Application for the
**Bob Hoskins – Sandy McDougald
Horticultural Scholarship**



APPLICANT INFORMATION

Name: _____

Street Address: _____

City, State, Zip: _____

Phone & Email: _____

SS #: _____ D.O.B: _____

Parent or Guardian: _____

(If Applicant is under the age of 18)

EMPLOYMENT EXPERIENCE

Are you Currently Employed: _____

Average Hours Worked / Week: _____

Name of Employer: _____

Employer Address: _____

Have You Ever Worked in Horticulture: _____

Please Provide Details: _____

Applicant Name: _____

EDUCATIONAL BACKGROUND

Currently Attending: _____

Street Address: _____

City, State, Zip: _____

Anticipated Graduation Date: _____

Institution for Which Scholarship is Requested: _____

Address of Institution: _____

Have You Completed any College Level Courses: _____

Please Provide Details: _____

(If addition space is required, please attach to the application)

- Enrolling In:** Four Year College Community College Vocational School
- Enrollment:** Full Time Half Time or More Less than Half Time

