



Arizona Landscape Contractors' Association

5425 E Bell Rd, #105 • Scottsdale, Arizona 85254 • Phone: 602-626-7091 • Fax: 602-626-7590

GENERAL SCHOLARSHIP APPLICATION

We are very happy that you are considering ALCA for a scholarship. We believe an ALCA scholarship is an excellent opportunity for students who are serious about continuing their education. Please use the checklist to make sure that you have included everything you need to start this process successfully. Again, thank you for applying. If you are selected for an award, you will be notified by the ALCA office.

- **APPLICATION FOR CONSIDERATION**
- **PERSONAL REFERENCE LETTER**
- **SCHOLASTIC REFERENCE LETTER**
- **ANSWERS TO ESSAY QUESTIONS**

Essay questions:

The answer to each question should not exceed more than ½ a page type written.

- **How have you been involved in your chosen profession or industry and how has it affected you as an individual?**
- **What do you think is the biggest challenge facing your chosen profession or industry today, in Arizona?**

Mail completed applications to:

**ALCA Scholarship Committee
5425 East Bell Road, #105
Scottsdale, AZ 85254**

THE DEADLINE FOR THIS SCHOLARSHIP IS MAY 31

The Arizona Landscape Contractors' Association (ALCA) was formed in 1965. The membership consists of both installation and maintenance contractors and the suppliers with whom they do business. The organization has many functions, but one of its primary responsibilities is education. With that in mind, ALCA established a scholarship fund. Most awards are \$500 and are given based on merit and course of study. Should you have any questions about ALCA scholarships, please call the office in Phoenix at (602) 626-7091.



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GENERAL SCHOLARSHIP APPLICATION

Full Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ SSN _____

United State Citizen? _____ Yes _____ No

Institution where the scholarship will be applied _____

Your ALCA Member contact and your relationship to them _____

ALCA Member Phone _____ This person has been an ALCA Member for how many years? _____

Educational Background:

Name of school now attending _____

Name of school or continuing educational program planning to attend _____

If currently a student:

- Major _____ Minor or specialization _____
- Year currently in school (check one): High School Senior _____
College: Freshman _____ Sophomore _____ Junior _____ Senior _____
- How many years in college _____ Expected date of graduation _____
- Total number of college units completed _____ Number of college units currently
Carrying _____ (Indicate semester _____ or quarter _____)
- Number of units completed in major _____ Number of units currently carrying in
Major _____ (Indicate semester _____ or quarter _____)
- Overall college grade point average _____ Grade point average in major _____

Please list high schools and colleges attended.

Current official (with seal) high school and college transcript for each school attended must be attached to application form to be eligible for awards. Last high school or college quarter or semester completed must be on transcript. (Note: Be sure to contact schools early to allow transcripts to be sent on time.)

- _____
- _____
- _____
- _____
- _____

Please list any trade schools attended or certification classes completed. Please include dates.

- _____
- _____
- _____
- _____
- _____

Activities:

List any awards, honors, scholarships, etc. you have received:

College: _____

High School: _____

Activities related to horticulture:

College: _____

High School: _____

Community: _____

Other activities and offices held (college, high school, community):

Work Experience

List all work experience in which you have participated, whether or not related to horticulture.

Employer:

Job Title or Duties:

Dates:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational and Occupational Goals:

Outline your educational objectives:

Other than this scholarship, what funding do you plan to use for your college or continuing education?

Outline your occupational goals as they relate to your chosen field:

Personal References:

Please submit letters of recommendation with this application from any two of the following: instructor, counselor, present or most recent employer, club/activity advisor, community or church leader.

Signed _____ Date _____

Social Security Number _____