



# National Horticulture Foundation's James H. Davis Memorial Scholarship

## APPLICATION

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James H. Davis is remembered, in part, for his role as a respected tree farm owner and member of the Florida Nursery, Growers and Landscape Association (FNGLA). A generous gift to the National Horticulture Foundation (NHF) from his estate was used to establish the James H. Davis Scholarship Fund, which supports education in the horticulture industry through scholarship awards to deserving students on an annual basis.

James Davis was the founder and owner of Davis Tree Farm from 1978 until his death in May 1995. As an FNGLA member, he actively served his association through committee and trade show activities and dedication to his industry. Davis Tree Farm is a recipient of the prestigious FNGLA Grower of the Year award.

It is hoped that the James H. Davis Memorial Scholarship will give students the opportunity to develop into a new generation of dedicated individuals for the horticulture industry of tomorrow.

## Purpose Statement

The James H. Davis Memorial Scholarship fund was created to encourage students to pursue careers in Florida's horticulture industry and related pursuits by providing financial assistance for undergraduate, postgraduate, or other advanced education programs in Florida. The intent is to provide career paths for qualified students in need of financial support to gain expertise and experience, earn post high school degrees and become active members and leaders in the horticulture industry. This scholarship program is linked to apprenticeship mentoring, employment and advanced educational opportunities both during and after the student has graduated.

## Eligibility

Applicant must be an incoming freshman, sophomore, junior, senior planning to attend a community college, college, university or other program in Florida. The student must enroll full-time in a horticulture program or related field with the intent to graduate in that field. A **2.0 (C)** or above grade point average is required of the applicant. Award recipients are eligible to reapply for scholarship annually.

## Scholarship Awards

Students must return all of the following to the National Horticulture Foundation by the required deadline of January 15<sup>th</sup> annually. (*Recipients will be notified by April 15<sup>th</sup> annually of their award amount.*)

- Completed scholarship application
- High school or college transcripts (can be forwarded by institution, but must received before deadline)
- Essay (see page 4)
- Two letters of recommendation (see page 4)

### Return completed application and attachments to:

James H. Davis Memorial Scholarship, National Horticulture Foundation, 1533 Park Center Drive, Orlando, FL 32835

**All applicants must use the form provided. No other format will be accepted.**

**STUDENT INFORMATION:**

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_

Class Status for the upcoming Fall semester (Incoming freshman, sophomore, etc.) \_\_\_\_\_

What college or institution do you plan to attend and have you been accepted for enrollment?

\_\_\_\_\_ Accepted  Applied to

If not yet enrolled, explain progress thus far: \_\_\_\_\_

Chosen Major: (if incoming freshman and not declared, please list area of interest) \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

**ADDRESS:**

Please indicate at which of the following addresses you wish to be notified of award selections.

Campus/School Address       Home Address

**Campus/School Address** \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

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

**Home Address** \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Name of Hometown Newspaper \_\_\_\_\_

**High School** \_\_\_\_\_

H.S. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of H.S. Graduation \_\_\_\_\_ Grade Point Average \_\_\_\_\_

**PARENT INFORMATION:**

Name of Parents or Guardians \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

**SCHOLASTIC ACHIEVEMENT** (use extra page if necessary)

**Please list only the most recent achievements, starting from the most recent**

Honor or Award	Basis for Selection
1.	
2.	
3.	

Extracurricular Activities, Clubs, Volunteer Activities, Etc.
1.
2.
3.

Work Experience	Time Frame/Year
1.	
2.	
3.	

Indicate number of years in each of the following permanent residences that applies to your family:

Rural Farm \_\_\_\_\_ years      Rural Non-Farm \_\_\_\_\_ years      Urban \_\_\_\_\_ years

Other (describe) \_\_\_\_\_

Number of siblings \_\_\_\_\_ Ages of brothers \_\_\_\_\_ Ages of sisters \_\_\_\_\_

Number of siblings in college (or planning to enroll in the next 12 months), including self \_\_\_\_\_

**EXPENSES AND INCOME:**

Although financial need is not the sole basis for scholarship award decisions, it is considered in the overall evaluation of the applicant. Please list your anticipated annual income and expenses for the upcoming school year using the following chart. If additional space is needed, attach another page.

**Expenses**

Tuition \$ \_\_\_\_\_  
 Rent/Mortgage \$ \_\_\_\_\_  
 Books & Supplies \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Food \$ \_\_\_\_\_  
 Existing Debts (list)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Payments on car \$ \_\_\_\_\_  
 Payments of furniture \$ \_\_\_\_\_  
 Social/Entertainment \$ \_\_\_\_\_  
 Misc. (gas, medical, etc.)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

**Income**

Other Scholarship/Grant Income (list)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Spouse's Salary \$ \_\_\_\_\_  
 Employment Earnings \$ \_\_\_\_\_  
 Aid from Family \$ \_\_\_\_\_  
 V.A. or G.I. Benefits \$ \_\_\_\_\_  
 Loans (list)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Aid from Other Sources (specify)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

Please add any additional financial circumstances that would help the scholarship review committee in evaluating your application: \_\_\_\_\_

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**ATTACHMENTS TO APPLICATION:**

Please provide the following on separate pages:

- A. Describe your plans for part-time employment and/or willingness to help provide supplemental financial assistance to support your education until graduation.
  
- B. Provide a letter of recommendation from someone on the faculty of your school or college who will evaluate your abilities as a student.
  
- C. Provide a letter of recommendation from a professional member of the horticulture industry or related field -- or someone that you have worked for.
  
- D. Write a **short** essay about yourself that includes the following: work and classroom experience with horticulture or related field, what area of horticulture or related field that you are interested in pursuing, and what you plan to do after graduation. Also include why you are qualified to receive the James H. Davis Memorial Scholarship.
  
- E. Include high school or college transcripts (can be forwarded by institution, but must be **received by deadline**).

I certify that all parts of the application and required attachments are correct and true. I understand that if any part of provided information is found to be false at any time, it may result in disqualification from or revocation of award. I also understand that if I am awarded a scholarship as a result of this application, my name will be published and announced at the NHF Board of Directors' discretion.

Date \_\_\_\_\_ Signature \_\_\_\_\_

*Information provided on this application will be held in the strictest confidence. Applications will only be viewed by members of the NHF James H. Davis Memorial Scholarship Committee.*