



**Central New York State Nursery and
Landscape Association**
P.O. Box 3293, Syracuse, NY 13220-3293
Phone: (315) 476-1307; Fax (315) 474-1784



\$1,500 BOB CASE SCHOLARSHIP APPLICATION
REGION 4 -- DUE BY MAY 15TH

Date _____ Name _____

Phone # _____ E-Mail _____

Present Address _____ City _____ State _____ Zip _____

Please indicate permanent address (if different from above):

Street _____ City _____ State _____ Zip _____

University or College You Will Be Attending Next Semester. (The institution for which you are applying for this Scholarship):

Name: _____

Street _____ City _____ State _____ Zip _____

Admissions Phone # _____ Bursar's Phone # _____

Current Year Enrolled (1-4) _____ Semester _____

Major _____ Minor _____

Overall Grade Point Average _____

Special Honors, Awards, Elected Positions, etc. _____

College Activities (please attach verification of enrollment to Application) _____

Name of High School Attended _____

Street _____ City _____ State _____ Zip _____

Contact Name _____ Phone _____

Special Honors, Awards, Recognition, etc. _____

University or College Previously Attended _____

Street _____ City _____ State _____ Zip _____

Contact Name _____ Phone _____

How Many Years Attended: _____ Did You Graduate: Yes _____ No _____

Major _____ Minor _____

Special Honors, Awards, Recognition, etc. _____

Community Activities _____

Continued on reverse side.....

