



# Scholarship Application Form for Short Course Study

## Applicant Information

Name (First, MI, Last): \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

MNLA Member Since: \_\_\_\_\_ Employee Application \_\_\_\_ Owner Application \_\_\_\_

## Course Information

Course Title: \_\_\_\_\_ Course Cost: \_\_\_\_\_

Location: \_\_\_\_\_ Course Date: \_\_\_\_\_

Course Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Potential Benefit of Course: \_\_\_\_\_

\_\_\_\_\_

*Attach a copy of course promotional materials. This may include the conference brochure, flyer, or other promotional material that completely describes the course content, identifies speakers, course sponsors, and cost.*

## MNLA Applicant Involvement

Brief Summary of involvement with the Association or past participation in MNLA events: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Signature

I certify that the above information is true and correct to the best of my knowledge.

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

### Return Application to:

Montana Nursery & Landscape Association  
PO Box 20353, Billings, MT 59104  
406-755-3079 (p) 406-633-2032 (f) ED@plantingmontana.com