



In 1986 the Wisconsin Landscape Contractors Association (WLCA) Metropolitan Milwaukee Chapter was named as a beneficiary in the estate of the late Ronald J. Klokner, a past-president and charter member of the Wisconsin Landscape Contractors Association. The bequest was made with the expressed intent to establish a scholarship fund for students actively pursuing a career in the landscape industry.

The goal of this scholarship fund is to support students who have demonstrated a successful track record of academic achievement in landscape or horticultural related studies.

Eligibility Criteria:

Applicants should be:

- A Wisconsin resident who intends to live and work in the State of Wisconsin after graduation.
- A full-time student attending a college or technical school.
- Enrolled in an accredited four-year degree program or two-year certificate program in horticulture or a landscape related area.

In addition, an applicant must have successfully completed at least one semester in a two year academic program or one year in a four year academic program. Scholarships are awarded in the amount of \$500.00 to \$2,000.00 and are paid directly to the college or technical school the recipient is attending for the student's tuition and fees.

Selection and Notification Process:

One or more scholarships may be awarded each year. Scholarship recipients are selected on the basis of academic performance, employment experience and a demonstrated commitment to the landscape industry.

Finalists are selected once a year prior to the end of February. Written confirmation of the award is sent directly to the applicant by the WLCA Scholarship Committee.

During the final selection process one or more of the eligibility criteria may be waived under special circumstances at the discretion of the WLCA Scholarship Committee.

How to apply:

1. Complete the application form answering each question as fully and completely as possible.
2. Write a 500 word essay describing how you became interested in the green industry, your experience and what you bring to the field and your professional goals.
3. Provide two letters of recommendation from two different employers, college teachers or professors.
4. Provide college transcripts of your grades through the present.

Application deadline:

December 31, 2018

Mail completed application, essay, letters of recommendation and transcripts to:

WLCA – Metro Milwaukee Chapter
Attn: Scholarship Fund Committee
21620 Belgren Road
Waukesha WI 53186



**WLCA METRO MILWAUKEE CHAPTER
PROFESSIONAL LANDSCAPE SCHOLARSHIP APPLICATION**

PERSONAL

| | |
|----------------|--------------------|
| Full Name: | |
| Home Address: | Address at School: |
| Home Phone: | Cell Phone: |
| Email Address: | Student Id #: |
| School Name: | |

ACADEMIC

| | |
|--|------------------------------|
| Degree: | Expected Date of Graduation: |
| Major/Track: | |
| Current Standing (check one): <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior | |
| Program (check one): <input type="checkbox"/> 2 year <input type="checkbox"/> 4 year | Current GPA: |
| List other colleges/technical school attended and dates of attendance: | |
| List student, community, professional, etc. activities you have participated in: | |
| List any honors or awards you have received: | |

EMPLOYER INFORMATION

List your last two employers (listing your current or most recent employer first.)

| | |
|-------------------|-------------------|
| Employer: | |
| Position: | Employment Dates: |
| Responsibilities: | |

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|-------------------|-------------------|
| Employer: | |
| Position: | Employment Dates: |
| Responsibilities: | |

GENERAL INFORMATION

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| What area of the landscape industry are you most interested in? |
| What are your plans after completing your education? |
| How will this scholarship benefit you? |
| State any additional information which you think will be helpful or pertinent in evaluating your qualifications and need for this scholarship: |
| Indicate any circumstances with regard to financial need that might be considered: |

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

My signature on this document certifies that the information provided is true and correct to the best of my knowledge.