THE CONNECTICUT TREE PROTECTIVE ASSOCIATION
ARBORIST SCHOLARSHIP
Deadline: December 7, 2020

ELIGIBILITY

1. Applicant shall be a student currently enrolled full-time in an accredited university or community college. Applicant shall be pursuing a course of study in urban forestry, arboriculture or seeking a degree related to arboriculture. If an applicant is not studying urban forestry, arboriculture or seeking a degree related to arboriculture, he or she must describe how his or her course of study will lead to a career in arboriculture or urban forestry.

2. Applicant shall have completed first semester work with a grade point average of 2.0 or better before receiving scholarship funding.

3. Applicant shall be a Connecticut resident. Preference will be given to those who plan to practice arboriculture in Connecticut.

4. Preference shall be given to students who demonstrate financial need.

5. Applicant should be able to attend the annual meeting of the Connecticut Tree Protective Association on January 16, 2020 to be recognized before the membership and receive the scholarship, if the annual meeting is to take place in person.

6. Scholarship may be renewed in the subsequent year provided the applicant meets the above criteria and has submitted a complete application package (form, cover letter, transcripts, and letters of recommendation).

For more information contact:

The Connecticut Tree Protective Association, Inc.
Arborist Scholarship
PO Box 1946
Wallingford, CT 06492
(203) 484-2512

or

info@ctpa.org
THE CONNECTICUT TREE PROTECTIVE ASSOCIATION
ARBORIST SCHOLARSHIP
Deadline: December 7, 2020

APPLICATION FORM

Name:________________________________________ Date:__________________

Intended major:_________________________________________________________________

University:_____________________________________________________________________

List other sources of financial aid (including scholarships, but not loans). Use additional sheets if necessary.

Amount:_________ Source:_____________________________________________________

Amount:_________ Source:_____________________________________________________

What percent of your college expenses do you earn yourself?___________________________

Current/summer Employer:_________________ Supervisor:_______________________

City:_____________________________________ State:________________ ZIP:___________

Phone:____________________________ FAX:_______________________________________

Home address:________________________________________________________________

City:_____________________________________ State:________________ ZIP:___________

Phone:____________________________ Email:_____________________________________

Campus address:________________________________________________________________

City:_____________________________________ State:________________ ZIP:___________

Phone:____________________________ Email:_____________________________________

In addition to this application, candidate must also provide the following:

1) Cover letter (two page limit) that addresses:
   - When you became interested in trees and why you want to work in arboriculture
   - The contribution you hope to provide to the tree care industry
   - Employment history and personal accomplishments
   - How this scholarship will help you reach your career goals

2) At least two letters of recommendation. These letters may be from a faculty member, current or past employer, or high school guidance counselor. Letters must be sent directly to CTPA by person providing reference. Please use provided reference forms.

3) If awarded a scholarship, the applicant must demonstrate a 2.0 grade point average by providing an official transcript of the first semester’s grades.
THE CONNECTICUT TREE PROTECTIVE ASSOCIATION
ARBORIST SCHOLARSHIP
Deadline: December 7, 2020

REFERENCE FORM

This form is to be completed by the person who is serving as a reference for a student’s application to receive the CTPA’s $2,000 Arborist Scholarship award. Please complete the following and attach a separate sheet commenting on the applicant’s potential to make significant contributions to the commercial arboricultural industry in Connecticut including:

• Applicant’s academic qualifications (if known)
• Applicant’s work experience and professionalism (if known)
• Applicant’s financial need (if known)
• Applicant’s community service (if known)

Student’s Name: ___________________________________________ Date: ______________________
Relationship to student: ______________________________________________________________________
Your Name: ________________________________________________________________________________
Company/Institution: _______________________________________________________________________
City: __________________________ State: __________ ZIP: __________
Work phone: ______________________ FAX: ______________________

Please return completed form and letter of recommendation to:

The Connecticut Tree Protective Association, Inc.
Arborist Scholarship
PO Box 1946
Wallingford, CT 06492
(203) 484-2512