



Scholarship Application

The Naples Orchid Society offers a \$2000 annual scholarship to be awarded to a qualified student pursuing a program in Botany, Conservation or Environmental Science. Preference will be given, but not limited, to a student studying/working in SW Florida on a worthy orchid related project. The Scholarship may also be used to fund, or partially fund, an internship at an appropriate organization.

Section I – Biographical Information

Last Name: _____ First Name: _____ M.I.: _____

School you will attend in Fall Semester: _____

Academic status as of Fall _____ (year): (Please check one)

Sophomore _____ Junior _____ Senior _____ Graduate _____ Adult C.E. _____

Current Major (if applicable): _____

Cumulative GPA: _____

Anticipated Date of Graduation or completion of studies: _____

Home Address: _____

School Address (if different): _____

E-mail: _____

Phone (land): _____ Phone (cell): _____

Section II – Project & Personal Information

1. Please describe your proposed project or internship for this Scholarship.

2. What are your career and personal goals? (150 words or less)

3. List any organizations to which you belong, including offices held.

4. Any positions of leadership your have held.

5. What else would you like to tell us about yourself? (150 words or less)

Section III – Letters of Recommendation, Official Transcript & References

Please request that an **official transcript** be sent from your university or college, and submit **three letters of recommendation**, two from your professors or teachers and one non-academic from a person in your community that can focus on your community involvement and service. Letters of recommendation may be mailed separately or included with your application. Supporting documents may be mailed directly to the: **Naples Orchid Society, PO Box 7998, Naples, Florida 34101**

Community Reference

Name: _____

Occupation / Title: _____

Phone (land or cell): _____

E-mail address: _____

Faculty Reference (1)

Name: _____

Title: _____

University or College: _____

Phone (land or cell): _____

E-mail address: _____

Faculty Reference (2)

Name: _____

Title: _____

University or College: _____

Phone (land or cell): _____

E-mail address: _____

Faculty Reference (3)

Name: _____

Title: _____

University or College: _____

Phone (land or cell): _____

E-mail address: _____

Section IV – For Internship Applicants Only

Organization where Internship will be performed: _____

Address of Organization: _____

Dates of Internship (start): _____ **(end):** _____

Name of Supervisor: _____

Supervisor's Phone (land or cell): _____

Supervisor's e-mail address: _____

Brief Description of Internship Activity:

Please ask the Internship Supervisor to submit a letter describing the Internship and the nature of the supervision for the Application. Also please ask the Supervisor to submit a report summarizing the Internship at its conclusion to the: **Naples Orchid Society, PO Box 7998, Naples, Florida 34101**