

APPLICATION FORM **Application Deadline August 15**

Please send the items below to:

Director
 School of Professional Horticulture
 The New York Botanical Garden
 200th Street and Kazimiroff Boulevard
 Bronx, NY 10458-5126

- \$75 U.S. (non-refundable) check or money order
- Resume
- Proof of Age and Nationality
- Transcripts
- Documentation of 1,800 hours of work in horticulture
- Three (3) letters of reference
- Medical examination report on form provided on page 25
- Foreign students: TOEFL score and proof of financial support

Please print in black ink or type:

Name _____

Address for all correspondence _____

Phone (day) _____ (evening) _____

E-mail _____

How did you hear about the School? *(If from a publication, please provide the name.)*

Horticultural Work Experience: *(If you require more space to write, please use an attached sheet.)*

Job Title/Description	Dates	Name of Business	Name of Supervisor and Contact Number	Number of Hours	Hours: Paid (P) or Voluntary (V)

On a separate sheet please provide the following: *(Your name and phone number must be on every attachment)*

1. In 300 words or less, describe your career goals and how the School of Professional Horticulture can help you achieve them.
2. Describe the areas in horticulture in which you have experience.
3. List schools attended, starting with high school. Provide school names, degrees or diplomas earned, and years attended.
4. List the names, addresses, telephone, and fax numbers of those from whom you have requested references (provide 3).

I certify that all the above and attached information was completed by myself and is correct.

Name _____ Date _____