

# Northeast Horticultural Therapy Network SCHOLARSHIP APPLICATION

<http://www.nehorticulturaltherapy.net>

NEHTN offers annual scholarship awards for AHTA accredited Horticultural Therapy courses. Awards are based on current funding availability, not to exceed \$400.00. The purpose of these scholarships is to promote horticultural therapy education within the Northeast region.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **Eligibility Requirements**

In order to qualify as a scholarship recipient, applicant must be a member of NEHTN in good standing for a minimum of one year.

## **Narrative**

On one page or less, describe your reasons for wanting to register for HT course work and state why you are deserving of the scholarship

## **Support Materials:**

Practicing horticultural therapists are encouraged to submit the following additional materials in support of their applications (*support materials not to exceed 5 pages in length*).

- Program description
- Programming responsibilities and lesson plans
- Photos and press releases

## **Applications must be postmarked no later than July 15th.**

**Include one original and TWO copies. Applications with insufficient number of copies will not be considered. Applications must be typed.**

The scholarships will be awarded by a Review Committee consisting of three current members of NEHTN, none of whom are applying for the scholarship.

Notification of acceptance/denial will be mailed no later than August 15th.

Mail to: NEHTN P.O. Box 4614 White River Junction, VT 05001

E-Mail: [NEHTNetwork@gmail.com](mailto:NEHTNetwork@gmail.com)

## **Post Award Requirement**

Award recipients are required to submit a written article for posting on the NEHTN website no later than one month after conclusion of the coursework. The article must include the following: funding awarded, course title, dates and location, description of course, any projects completed as part of the course.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_