

**THE NEW YORK BOTANICAL GARDEN**  
**REBECCA SEALY MALLORY SCHOLARSHIP APPLICATION**  
**2011 Children's Gardening Program**

*To be considered for a scholarship, please complete ALL of the following:*

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone \_\_\_\_\_ Evening telephone \_\_\_\_\_

Which season(s) are you applying for?

\_\_\_\_\_ SPRING    \_\_\_\_\_ SUMMER    \_\_\_\_\_ FALL    \_\_\_\_\_ FULL YEAR (*all seasons*)

Scholarships are based on financial need. Briefly describe why you are requesting a scholarship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This section must be completed:*

**Scholarships cover partial tuition only. Please indicate how much money you are able to pay per child:**

Spring \$ \_\_\_\_\_ Summer \$ \_\_\_\_\_ Fall \$ \_\_\_\_\_

**Please return to:**    The New York Botanical Garden  
                                  Children's Gardening Program (Scholarships)  
                                  Bronx, NY 10458-5126

*Please note that scholarships are granted on a first-come, first-served basis. Once a scholarship is awarded, you must submit your portion of payment immediately upon notification. Families awarded scholarships for more than one season must pay their entire 2011 season balance upon notification. Your children are not officially registered until payment is received.*

Please do not write below, official use only.

Date received \_\_\_\_\_

	SPRING	SUMMER	FALL	TOTAL
Scholarship amount				
Amount owed				
Amount paid				
Date Paid				