

## Leaside Garden Society Founders' Scholarship Application Form

*The Leaside Garden Society (LGS) aims to establish a friendly meeting place to share, encourage, award and educate on the fundamental values and principles of gardening, concerns about the environment and to create a horticultural legacy within the community;*

***To be an inspiration for gardening everywhere.***

*This scholarship has been established to honour the initiative of those who in the 1980s had the foresight and energy to form the Leaside Garden Society.*

### Personal Information

|                |  |
|----------------|--|
| Name           |  |
| Street Address |  |
| City, Province |  |
| Postal Code    |  |
| Phone          |  |
| E-Mail Address |  |

### Institution Information

Current School Name/Location

Course of Study

### Proof of Enrolment

Attach an unofficial transcript.

### Describe your interest and involvement in horticulture and any horticultural affiliations

(if more space is required, please attach a separate sheet or file)

### Describe your volunteer experiences

(if more space is required, please attach a separate sheet or file)

### Describe any connections or history with the Leaside community that you may have

(if more space is required, please attach a separate sheet or file)

## The Essay (approximately 250-500 words)

Why should you receive the scholarship and how will it help you in your planned studies?

How does it relate to the LGS mission?

Please attach a separate sheet or file for this section

### Reference #1 - Academic

|        |  |
|--------|--|
| Name   |  |
| Phone  |  |
| E-Mail |  |

### Reference #2 - Other

|        |  |
|--------|--|
| Name   |  |
| Phone  |  |
| E-Mail |  |

The selected candidates must provide

1. proof of Canadian Citizenship (Passport, Canadian Citizenship Certificate or a Provincial/ Territorial Birth Certificate) OR a Permanent Resident Card.
2. an official transcript.
3. confirmation of enrolment for the upcoming academic year.

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as the scholarship recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in my forfeiting the scholarship. All personal information will be kept confidential.

|                |  |
|----------------|--|
| Name (printed) |  |
| Signature      |  |
| Date           |  |

Submit your application to [leaside@gardenontario.org](mailto:leaside@gardenontario.org)

Or by mail to:

Leaside Garden Society Founders' Scholarship  
c/o 464 Broadway Avenue  
Toronto, ON M4G 2R5

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