

American Horticultural Therapy Association.

Ann Lane Mavromatis Scholarship Application

This scholarship honors the memory of Ann Lane Mavromatis, an occupational therapist who, as an early advocate of horticulture as a therapeutic modality, was instrumental in developing the horticultural therapy program at the New York Rusk Institute and established one of the first educational programs in horticultural therapy at the New York Botanic Gardens.

This \$500 scholarship is awarded annually to a student member of AHTA in recognition of academic achievement and to promote the growth of professionalism in the field of horticultural therapy.

Nominator Information

Current Enrollment Information

| Name of college/university or educational program | | | | |
|---|---|--|--|--|
| Ma | njor Minor | | | |
| Ac | ademic Degree Program (AA, BA/BS, PhD) | | | |
| Cr | edit hours of work completed | | | |
| Ho | rticulture Therapy specialization area | | | |
| | s the student completed all the work noted above and declared a major in the field of Horticultural erapy or related field with course work supporting the field of Horticultural Therapy? Yes No | | | |
| 1. | Is the student a member of any national organization or chapter? Yes No If yes, please list: | | | |
| 2. | Does the student have a high level of academic achievement? Yes No If yes, please list: | | | |
| 3. | Does the student have any awards, membership(s) in honor societies, etc.? Yes No If yes, please list: | | | |
| 4. | Financial Resources Available: Approximate percentages of financial resources available Family Student Loans Scholarships Part-time work Other | | | |

| | within a local, state or national horticultural therapy organization? Yes No |
|---|--|
| I | Please list extracurricular activities: |
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| T | Toyy do those activities containute to the student's advection? |
| ı | How do these activities contribute to the student's education? |
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| F | Please write 2-3 paragraphs explaining the reasons why the student hopes to pursue a career in |
| | norticultural therapy. |
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A copy of a current transcript needs to be submitted along with this application form.

Please mail or email form and transcripts to:

AHTA 2150 N 107th St, Suite 205, Seattle, WA 98133 (P) 888-294-8527 | (F) 206-367-8777 www.ahta.org | info@ahta.org