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

Name ____________________________________________________________
Address ____________________________________________________________________________
City ________________________________________ State ________ Zip ________
Primary Contact Phone Number _________________________________________________________
Primary E-mail ________________________________________________________________
Are you an AHTA Member? Yes_____ No_____
Are you Professionally Registered? Yes_____ No_____

Nominee Information

Name ____________________________________________________________
Address ____________________________________________________________________________
City ________________________________________ State ________ Zip ________
Primary Contact Phone Number _________________________________________________________
Primary Email ________________________________________________________________
**Current Enrollment Information**

Name of college/university or educational program __________________________________________

Major ___________________________________ Minor _________________________________

Academic Degree Program (AA, BA/BS, PhD) _____________________________________________

Credit hours of work completed _________________________________________________________

Horticulture Therapy specialization area ________________________________________________

___________________________________________________________________________________

Has the student completed all the work noted above and declared a major in the field of Horticultural Therapy 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_____

Page | 2
5. **Contributions:** Is the student personally involved in the development of the horticultural therapy program at their college or university by participating in extracurricular horticultural therapy activities within a local, state or national horticultural therapy organization? Yes _____ No _____

Please list extracurricular activities: __________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

6. How do these activities contribute to the student’s education? __________________________________________
________________________________________________________________________________
________________________________________________________________________________
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7. Please write 2-3 paragraphs explaining the reasons why the student hopes to pursue a career in horticultural 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
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