

## Named Scholarship Program Form

Administered by Joseph Shinoda Memorial Scholarship Foundation

1. Name of award: \_\_\_\_\_

2.  One award, one year – Amount: \$\_\_\_\_\_ (Min. \$1,000)

Multiple awards, one year – # of awards: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per award (Min. \$1,000)

One award, every year – Amount: \$\_\_\_\_\_ (Min. \$1,000 – billed annually in January)

Multiple awards, every year – # of awards: \_\_\_\_\_ Amount: \$\_\_\_\_\_ per award  
(Min. \$1,000 per award – billed annually in January)

3. The Joseph Shinoda Memorial Scholarship Foundation criteria is as shown below:

*Resident of the United States, with preference to California residents  
Awards based 50% on grades, 25% on future career intent and 25% on need  
Attending a two- or four-year college or university  
Studying floriculture or a closely related field*

Use existing criteria only, no additional qualifications

Add additional qualifications (if needed, attach separate page): \_\_\_\_\_

4. Joseph Shinoda Memorial Scholarship Foundation will publicize the named award and its recipient/s to the industry press. Please indicate if you would prefer no publicity.

No, please do not send out any press releases.

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

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

Mailing address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail address: \_\_\_\_\_

**234 Via La Paz – San Luis Obispo, CA 93401 – Phone 805-544-0717**

**Email: [bmccaleb@shinodascholarship.org](mailto:bmccaleb@shinodascholarship.org)**

**Check payable to Joseph Shinoda Memorial Scholarship Foundation**