

Margie Jenkins First Time Attendee Conference Scholarship

Purpose: This award provides first-time attendees of the IPPS-SRNA meeting with full conference registration (\$600), covering the educational program, tours, and banquet.

*Travel and hotel accommodation are not included.

Background: The Margie Jenkins First Time Attendee Conference Scholarship honors the legacy of Margie Jenkins, a beloved mentor and botanical authority. Ms. Margie, who grew into her nursery career later in life, was passionate about plants and mentoring. She played a pivotal role in the success of Jenkins Farm and Nursery, and her dedication to the green industry left an enduring impact.

Eligibility Criteria:

- Must be employed or self-employed in the nursery/green industry.
- Must be a first-time attendee of an IPPS-SRNA conference.
- Preference given to applicants from the local area hosting the annual meeting.
- Required: Application form and a recommendation letter from employer or customer.

Application Deadline: June 1st

Post-Event Requirement: Recipients will be asked to submit a summary and photo of their conference highlights to be posted on the SRNA website.

Contact for Application & Information:

Donna Shealy Foster

Secretary/Treasurer IPPS-SRNA

4661 Crystal Drive

Columbia, SC 29206

Email: scplant@bellsouth.net

Margie Jenkins First Time Attendee Conference Scholarship

| Date: | | |
|-------|--|--|
| Date. | | |

| First Name: | Last Name: | |
|--|-----------------------------|-------------------------------|
| Address: | | <u>-</u> |
| City: | State: | Zip: |
| Cell/Telephone: | | |
| Email: | | |
| High School/ College Education: N | ame & Location: | |
| Date Graduated: | | |
| Honors/Awards/Activities: | | |
| Work Experience & Supervisor Co | ntact Information: | |
| Name & Location of Company who | ere you are currently emplo | yed or self-employed: |
| In 100 words or less, explain why i (you may submit as an attachment | • | nd the upcoming IPPS meeting? |
| In 100 words or less, what do you IPPS meeting? (you may submit as | • | |
| Please attach a letter of Recomme | ndation from a current supe | ervisor or customer. |
| Signature: | Date | : |
| Submit to: Donna Shealy Foster Se | ecretary/Treasurer | |
| IPPS-SRNA, 4661 Crystal Drive | | |
| Columbia, SC 29206 | | |

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Email: scplant@bellsouth.ne