



School of Horticulture Application

First Name		Last Name	
Mailing Address			
Home Phone		Work Phone	
Mobile Phone		Email	
EDUCATION			
ACADEMIC INSTITUTION	DIPLOMA/DEGREE	YEAR ATTAINED	
REQUIRED COURSES			
COURSE	GRADE	COURSE TITLE & CODE	FINAL MARK (%)
Mathematics	12		
English	12		
Biology	11 or 12		
Chemistry	11 or 12		
HORTICULTURAL EXPERIENCE			
EMPLOYER (MOST RECENT FIRST)	DATE OF EMPLOYMENT	POSITION HELD	
Applicant's Signature			Date

(The personal information on this application is collected under the authority of The Niagara Parks Act, R.S.O. 1980, c.317, as amended by S.O. 1983, c.38, S4(j) and will be used to assess your qualifications.)

INCLUDE WITH THIS APPLICATION (CHECKLIST)		
Resume	Two letters of reference (employment oriented)	Official academic transcript(s) (photocopies will not be accepted)

Return COMPLETE APPLICATION PACKAGE (Application form (signed and dated), resume, two letters of reference, and official transcripts) by Oct 31st of current year to:

ADMISSIONS, NIAGARA PARKS SCHOOL OF HORTICULTURE, BOX 150, NIAGARA FALLS, ON, L2E 6T2

For inquiries, contact (905) 356-8554 x6201 or schoolofhorticulture@niagaraparks.com

FOR OFFICE USE ONLY							
Resume		Reference Letters		Transcripts		Interview Date/Time	