



NEW YORK STATE MAPLE FOUNDATION, INC.

PO Box 104 Taberg, NY 13471

www.newyorkmaple.org

THE TERRY LAUBISCH MAPLE SCHOLARSHIP APPLICATION

Applicant's Information:

Name: _____

Address: _____

(street, city, state, zip code)

Phone: Home _____ Cell _____

Email: _____

Maple Syrup Farm Information:

Name: _____

Address: _____

(street, city, state, zip code)

Phone: _____

Email: _____

Relationship to owner of farm: _____

Are you willing to have your name/picture used in Maple and other publications? Y ___ N ___

Describe your education plans:

College/University: _____

Dates of attendance: _____

Intended major: _____

To the best of my knowledge, the material contained in this application and on additional pages is true and complete. I understand this information and all supporting documentation becomes the property of the New York State Maple Foundation, Inc. Board of Directors.

Signature _____ Date _____

Please send all of the requested information postmarked by **MARCH 15** to :

Remi Link
PO Box 104
Taberg, NY 13471
rl368@cornell.edu