



CONNECTICUT PARKS ASSOCIATION, INC.

2026 MALONE MEMORIAL SCHOLARSHIP APPLICATION

The CPA Scholarship Award program was named in honor of Dennis Malone, a past president of the Association and founder of the scholarship program. The scholarship provides monetary awards to future professionals who display potential for the parks profession. The scholarship awards are open to applicants who are high school graduating seniors who plan to attend an accredited two- or four-year college, and pursue a career in park management, forestry, horticulture, agronomy, or a closely related field. Selection for the award is based on financial need, academic achievement, and involvement in activities related to the intended course of study.

NAME: _____ PHONE: _____

PHONE: _____

ADDRESS: _____
(Street, City/Town, State, Zip Code)

E-MAIL: _____

High School Attended: _____ LOCATION: _____

LOCATION: _____

Grade Point Average: _____ Class Rank: _____

Class Rank: _____

I have applied to these colleges:
(list in order of preference, check if planning to attend)

Intended course of study

I have already been awarded scholarship aid from these sources (list amounts):

_____ \$
_____ \$

I expect to finance my first year of college in the following manner:

Personal Savings: \$ Other: \$

I expect to earn this summer: \$

Other: \$

Does your family have any unusual financial burdens or problems?

Does your family have any unusual financial burdens or responsibilities at present, i.e. extensive illness, disability, etc.? If yes, please explain:

Has your family had any unusual financial burdens or responsibilities in the past five years? If yes, please explain:

Father's Occupation and Title: _____

Employed by: _____ Years with firm: _____

Contact: _____ Phone: _____

Mother's Occupation and Title: _____

Employed by: _____ Years with firm: _____

Contact: _____ Phone: _____

Please check the range of family gross income:

\$0-\$40,000 \$40,000-\$80,000 \$80,000-\$120,000 \$120,000-\$160,000 \$160,000 or over

Student's Activities (school and/or community - please attach your resume):

Student Employment:

Employer #1: _____

Hours worked: _____ Days per week: _____ Dates employed: _____

Brief description of duties: _____

Student Employment:

Employer #2 (if any): _____

Hours worked: _____ Days per week: _____ Dates employed: _____

Brief description of duties: _____

Please list three individuals, other than family, who can provide references as to your character and abilities:

Name	Title	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a brief essay about the course of study you will be in, how you chose it, and what career goals you have.

Applicant's Signature: _____ Date: _____

I know and approve of this application by my son/daughter for one of the scholarships.

Signature: _____ Date: _____

Print name:

Relationship to Applicant:

Application Due: April 15 (postmarked or emailed) to:

Email: Helenrt@westhartfordct.gov

Mail: Helen Rubino-Turco, Leisure Services Director

Town of West Hartford

TOWN OF WEST HARTFORD
50 South Main Street, Room 128

30 South Main Street, Room 101
West Hartford, CT 06107