



CHICAGO BOTANIC GARDEN  
CENTER FOR TEACHING AND LEARNING

Horticultural Therapy Study Tour Application

Questions: contact Barbara Spence at 847-835-8250 or email bspence@chicagobotanic.org.

Personal Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Post-secondary degree/diploma \_\_\_\_\_  
Certificates/Licenses \_\_\_\_\_

List Requested Tour Dates:

\_\_\_\_\_  
\_\_\_\_\_

Experience: *(Please describe your horticultural therapy or related field experiences, both employment or volunteer.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Essay: *(Please describe, in a paragraph, what you hope to gain from your Study Tour experience.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail completed form and resumé to:  
(Or fax to: 847-242-6330)

Horticultural Therapy Study Tour Application  
Chicago Botanic Garden  
1000 Lake Cook Road  
Glencoe, IL 60022

NOTE: PLEASE INCLUDE RESUME WITH YOUR APPLICATION