



CHICAGO BOTANIC GARDEN

Horticultural Therapy Study Tour Application

Questions: Contact Barb Kreski at (847) 835-8277

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/email completed form and resumé to:
bkreski@chicagobotanic.org

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

NOTE: PLEASE INCLUDE RESUME WITH YOUR APPLICATION