

SPORTS TURF SCHOLARSHIP APPLICATION FORM

PLEASE PRINT LEGIBLY OR TYPE

Name:			
Present Address:			
City, State, Zip Code:			
Telephone:*			
E-mail:*			
Permanent Address:			
City, State, Zip Code:			
Institution:			
Faculty Advisor / Position	:		
Major Field of Study / Spo	ecialization:		
Class:	FreshmanSenior2-Year Program	Sophomore Graduate 4-Year Program	2 nd Degree
Number of Units complete	d (All College Work): _		
Cumulative Grade Point A Expected Date of Graduati	verage:on:		
Are you interested in become Do you have arrangements Are you interested in obtain	for summer employmen	t at a Sports Turf Facility?	No

*Please note best contact number or e-mail address for contact at school and for contact during Holiday break. Thank you!

APPLICATION DEADLINE IS NOVEMBER 15, 2019

<u>NOTE:</u> Any materials postmarked AFTER November 15, 2019 will NOT be a part of the scholarship application.

Mail to: Greg Burgess
SCSTMA Awards Committee Chair
945 South Main Street
Greenville, SC 29601
Or submit electronically to greg@greenvilledrive.com

Name:
List any awards, honors, or scholarships that you have received:
List activities in which you have participated related to your school, department, or community:
List professional associations and university organizations to which you belong, including offices to which you have been elected or appointed:

Employer	Title & Duties	Hours	Dates Worked

CAREER OBJECTIVES AND EDUCATION GOALS:

Number the specialization $(1,2,3,$ etc. -1 being the highest) that most interest you and which are you are currently pursuing through your education.		
Arboriculture	Agronomy	
Golf Course Management	Landscaping Contracting	
Landscape Design	Landscape Management	
Nursery Management	Ornamental Horticulture	
Park Administration	Plant Materials	
Plant Propagation	Recreation	
Soil Science	Sports Turf Management	
Turfgrass Science	Other (Specify)	

BIOGRAPHICAL ESSAY (300-500 words attach page):

EMPLOYER REFERENCE FORM FOR MORE THAN ONE REFERENCE, PLEASE COPY THIS FORM.

Student	·	
	omplete this form as a current or past employer of the above named student. e appropriate comments. Please return by November 15, 2019 , to:	Evaluate the student
	Mail to: Greg Burgess	
	SCSTMA Awards Committee Chair	
	945 South Main Street	
	Greenville, SC 29601	
	Or submit electronically to greg@greenvilledrive.com	
1.	Character:	
2.	Job Interest:	
3.	Punctuality:	
4.	Attitude:	
5.	Aptitude:	
6.	Career Potential in Sports Turf Management:	
Other C	omments:	
Employe	er's Name:	
Compan	y Name:	
Address	·	
Phone:	FAX:	
Signatur	e: Date:	
NOTE	Annumentarials masterials of AETED Name 15, 2010 will NOT be a	

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FACULTY ADVISOR FORM

I recommend

application.

Please complete this form by **November 1, 2019**, for your student and return it with the student's certified transcript and information to:

Mail to: Greg Burgess
SCSTMA Awards Committee Chair
945 South Main Street
Greenville, SC 29601
Or submit electronically to greg@greenvilledrive.com

(student) for a South Carolina Sports Turf

Managers Association Scholarship.	(student) for a South Caronia Sports Tair
Please comment on the student's potential for su character, job interest, integrity, etc.:	access in the sports turf profession, his/her attitude,
Print Name:	Position:
Facility:	
Signature:	Date:

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