



**DEPENDENT 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 / Specialization: \_\_\_\_\_

Class:                      \_\_\_\_\_ Freshman                      \_\_\_\_\_ Sophomore                      \_\_\_\_\_ Junior  
   \_\_\_\_\_ Senior                      \_\_\_\_\_ Graduate                      \_\_\_\_\_ 2<sup>nd</sup> Degree  
   \_\_\_\_\_ 2-Year Program                      \_\_\_\_\_ 4-Year Program                      \_\_\_\_\_ Graduate Program

Number of Units completed (All College Work): \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

***\*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 19, 2020**

**NOTE: Any materials postmarked AFTER November 19, 2020 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](mailto: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:

**WORK EXPERIENCE:**

**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.

Please list areas that most interest you on each blank line and rank with scale above.

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**BIOGRAPHICAL ESSAY (300-500 words attach page):**

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

**Student:** \_\_\_\_\_

Please complete this form as a current or past employer of the above named student. Evaluate the student and make appropriate comments. Please return by **November 19, 2020**, to:

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

1. **Character:**
  
2. **Job Interest:**
  
3. **Punctuality:**
  
4. **Attitude:**
  
5. **Aptitude:**
  
6. **Career Potential:**

**Other Comments:**

Employer's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Any materials postmarked *AFTER* November 19, 2020 will *NOT* be a part of the scholarship application.**

**FACULTY ADVISOR FORM**

Please complete this form by **November 1, 2020**, 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](mailto:greg@greenvilledrive.com)

I recommend \_\_\_\_\_ (student) for a South Carolina Sports Turf Managers Association Dependent Scholarship.

Please comment on the student's potential for success, his/her attitude, character, job interest, integrity, etc.:

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

Facility: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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