



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 nd 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 15, 2019

NOTE: 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:

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.

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 15, 2019**, to:

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:**

Other Comments:

Employer's Name: _____

Company Name: _____

Address: _____

Phone: _____ FAX: _____

Signature: _____ Date: _____

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

FACULTY ADVISOR FORM

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

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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