



**FOUNDERS**  
**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 / 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: \_\_\_\_\_

Are you interested in becoming a Sports Turf Manager? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have arrangements for summer employment at a Sports Turf Facility? \_\_\_\_\_

Are you interested in obtaining such employment? \_\_\_\_\_

***\*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 18, 2022**

**NOTE: Any materials postmarked AFTER November 18, 2022 will NOT be a part of the scholarship application.**

Mail to: Greg Burgess  
SCSTMA Awards Committee Chair  
935 South Main Street Suite 202  
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:**

<u>Employer</u>	<u>Title &amp; Duties</u>	<u>Hours</u>	<u>Dates Worked</u>
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**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.

- |   |  |
|---|--|
| <input type="checkbox"/> Arboriculture          | <input type="checkbox"/> Agronomy                |
| <input type="checkbox"/> Golf Course Management | <input type="checkbox"/> Landscaping Contracting |
| <input type="checkbox"/> Landscape Design       | <input type="checkbox"/> Landscape Management    |
| <input type="checkbox"/> Nursery Management     | <input type="checkbox"/> Ornamental Horticulture |
| <input type="checkbox"/> Park Administration    | <input type="checkbox"/> Plant Materials         |
| <input type="checkbox"/> Plant Propagation      | <input type="checkbox"/> Recreation              |
| <input type="checkbox"/> Soil Science           | <input type="checkbox"/> Sports Turf Management  |
| <input type="checkbox"/> Turfgrass Science      | <input type="checkbox"/> Other (Specify)         |
|   | _____  |

**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 18, 2022** to:

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SCSTMA Awards Committee Chair  
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Greenville, SC 29601  
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1. **Character:**
  
2. **Job Interest:**
  
3. **Punctuality:**
  
4. **Attitude:**
  
5. **Aptitude:**
  
6. **Career Potential in Sports Turf Management:**

**Other Comments:**

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

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

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

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

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

**NOTE: Any materials postmarked *AFTER* November 18, 2022 will *NOT* be a part of the scholarship application.**

**FACULTY ADVISOR FORM**

Please complete this form by **November 18, 2022**, for your student and return it with the student's certified transcript and information to:

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SCSTMA Awards Committee Chair  
935 South Main Street Suite 202  
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 Scholarship.

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

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

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

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

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