



CODY BRYANT
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 _____ 2nd 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 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
935 South Main Street Suite 202
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:

<u>Employer</u>	<u>Title & 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 19, 2020** to:

Mail to: Greg Burgess
SCSTMA Awards Committee Chair
935 South Main Street Suite 202
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 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 19, 2020**, for your student and return it with the student's certified transcript and information to:

Mail to: Greg Burgess
SCSTMA Awards Committee Chair
935 South Main Street Suite 202
Greenville, SC 29601
Or submit electronically to 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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