



**2018**

**BILL SMART MEMORIAL SCHOLARSHIP**

**APPLICATION**

Applicants must meet the following requirements:

1. **Must** be presently involved in the golf industry.
2. **Must** be enrolled in an accredited Turfgrass Maintenance Program.
3. Recommended by Class A, B, or Associate member in good standing with the HVGCSA.

Sponsor's Name: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
(Print)

Member's Signature: \_\_\_\_\_

**I.** Applicant's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Children (Yes/No)

**II. JOB HISTORY PAST THREE YEARS** (Please give the following information):

1. Length of employment: From \_\_\_\_\_ to \_\_\_\_\_

Employer's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Position/Duties: Describe nature of work personally performed by you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Length of employment: From \_\_\_\_\_ to \_\_\_\_\_  
 Employer's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_  
 Position/Duties: Describe nature of work personally performed by you:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Length of employment: From \_\_\_\_\_ to \_\_\_\_\_  
 Employer's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_  
 Position/Duties: Describe nature of work personally performed by you:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. EDUCATIONAL BACKGROUND**

HIGH SCHOOL:	Name	Address	Graduate (Yes / No)
_____	_____	_____	_____

COLLEGE:	Name	Curriculum	Degree
_____	_____	_____	_____

List College or University that you have been accepted to for Turfgrass Maintenance:  
 \_\_\_\_\_ Date of Attendance \_\_\_\_\_

List all Professional Licenses and/or Certificates \_\_\_\_\_  
 \_\_\_\_\_

**IV.** List all Professional Associations of which you are a member \_\_\_\_\_

\_\_\_\_\_

**V.** Briefly explain your goals upon completing your Turf Maintenance Education.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI.** List any sources from which you have received or expect to receive financial assistance towards your education. \_\_\_\_\_

\_\_\_\_\_

**Note:** Please list any additional pertinent information on the back of this page.

All information will be reviewed by the HVGCSA Board of Directors.

**Applications must be returned by July 20, 2018 to:**

**Susan O'Dowd**  
**HVGCSA**  
**49 Knollwood Road**  
**Elmsford, NY 10523**  
[sodowd@mgagolf.org](mailto:sodowd@mgagolf.org)