



2019

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.
4. Write an essay about why you feel you deserve this scholarship

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:

- (1) Please provide a copy of your accepted enrollment form to an accredited Turfgrass Maintenance Program.
- (2) 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 15, 2019 to:

Susan O'Dowd
HVGCSA
49 Knollwood Road
Elmsford, NY 10523
sodowd@mgagolf.org