



## BILL SMART MEMORIAL SCHOLARSHIP

### 2026 APPLICATION

Applicants must meet the following requirements:

1. **Must** be presently involved in the golf industry at a club of which the superintendent is a member of the HVGCSA.
2. **Must** be enrolled in an accredited Turfgrass Maintenance Program/track at a college or university. Please attach proof of enrollment with your application.
3. Recommended by Class A, B, or Affiliate 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: \_\_\_\_\_

2. Applicant's Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

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:

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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:

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

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

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

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

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

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

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### III. EDUCATIONAL BACKGROUND

HIGH SCHOOL: Name Address Graduate (Yes / No)

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COLLEGE: Name Curriculum Degree

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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.

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\_\_\_\_\_

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

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**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.

**Deadline for Applications June 30, 2026**

Email or mail to:

HVGCSA, 49 Knollwood Road, Elmsford, NY 10523

[sodowd@mgagolf.org](mailto:sodowd@mgagolf.org)