



2022

BILL SMART MEMORIAL SCHOLARSHIP

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:

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 1, 2022 to:

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