

Western New York
Golf Course Superintendents Association
Scholarship Application

Follow the directions and fill out form completely.

Name _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____

Campus Address _____

City _____ State _____ ZIP _____

Campus Phone _____ E-Mail Address _____

School were you are currently enrolled _____

Current Major _____

Advisors Name _____

Current Program: two-year certification associate degree bachelor degree

Date of completing this degree: ____/____/____

Are you currently a member or employed by a Class A of the WNYGCSA: yes no

List in chronological order high schools attended, then colleges.

Name of School	From	To	Date of Graduation	Degree	GPA on 4.0 Scale

List Employment you have held in the past 3 years.

Type of Work	Employer	Employed	
		From (Mo./Yr.)	To (Mo./Yr.)

Type of Work	Employer	Employed	
		From (Mo./Yr.)	To (Mo./Yr.)

Type of Work	Employer	Employed	
		From (Mo./Yr.)	To (Mo./Yr.)

List 3 references (can't include family members)

Name	Relationship	Address	Contact #
1. _____			
2. _____			
3. _____			

APPLICANTS STATEMENT

Please answer each of the following questions with 100 words or less.

1. Why do you want to become a Golf Course Superintendent?

2. Where do you see yourself in 5 to 10 years?

I certify the information in this application is true and accurate to the best of my knowledge and belief. I understand the committee's decision will be final.

Signature of Applicant _____ Date _____