

Name:		
Address:		
City, State, Zip:		
Telephone:		
Employer:		
Position:		
Years in position:	Years in Sports Turf Industry:	Years as TXSTMA Member:
Please describe your (short essay please)	Career Objectives and Educational	Goals:
What type of continu (courses, seminars, o		dy Hobbs Scholarship for if chosen?
List any awards, ho	nors, or scholarships that you have re	eceived from your employer:

List activities in which you have participated related to your employer, department, or community:

List professional associations and to which you belong, including offices to which you have been elected or appointed:

APPLICATION DEADLINE IS DECEMBER 1

NOTE: Any materials received AFTER December 1 will NOT be accepted for scholarship consideration.

Please return form to:

Texas Sports Turf Managers' Association - Scholarship Committee 3910 Arboleda Drive College Station, TX 77845

Or e-mail: txstma@gmail.com

Employer Reference Form

Student Applying:
Please complete this form as a current or past employer of the above-named student. Evaluate the student and make appropriate comments.
1. Character:
2. Job Interest:
3. Punctuality:
4. Attitude:
5. Aptitude:
5. Career Potential in Sports Turf Management:
Other Comments:
Employer's Name:
Company Name:
Address:
Phone:
Signature: Date:
Please return to:
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College Station, TX 77845

Or e-mail: txstma@gmail.com