

TEXAS SPORTS TURF MANAGERS' ASSOCIATION
Dr. James McAfee
STUDENT SCHOLARSHIP APPLICATION FORM

Name: _____

Present Address: _____

City, State, Zip: _____

Telephone: _____

Permanent Address: _____

City, State, Zip: _____

Education Institution: _____

Faculty Advisor / Position: _____

Class Rank: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate ___ Post Graduate

Major Field of Study: _____

Number the specializations (1,2,3, etc.) which most interest you and which you are currently pursuing through your education:

- | | | |
|---|---|--|
| <input type="checkbox"/> Golf Course Management | <input type="checkbox"/> Recreation | <input type="checkbox"/> Sports Turf Management |
| <input type="checkbox"/> Park Administration | <input type="checkbox"/> Turfgrass Science | <input type="checkbox"/> Landscape Design |
| <input type="checkbox"/> Agronomy | <input type="checkbox"/> Nursery Management | <input type="checkbox"/> Ornamental Horticulture |
| <input type="checkbox"/> Plant Propagation | <input type="checkbox"/> Soil Science | <input type="checkbox"/> Plant Materials |
| <input type="checkbox"/> Landscape Management | <input type="checkbox"/> Arboriculture | <input type="checkbox"/> Landscape Contracting |
| <input type="checkbox"/> Other (Specify) _____ | | |

Number of units completed (all college work): _____

Cumulative Grade Point Average: _____

Expected Date of Graduation: _____

List any awards, honors, or scholarships that you have received:

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

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

Career Objectives and Educational Goals:

Related Work Experience (if any):

Do you have arrangements for summer employment at a Sports Turf Facility?

Are you interested in obtaining such employment?

APPLICATION DEADLINE IS October 15th

NOTE: Any materials received AFTER October 15th 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

Faculty Advisor Form

Please submit one form from current Faculty Advisor

Student Name:

I recommend the above-named student for a Texas Sports Turf Managers' Association scholarship.

Please comment on the student's potential for success in the sports turf profession, in regards to:

1. Character:

2. Integrity:

3. Punctuality:

4. Attitude:

5. Aptitude:

6. Career Potential in Sports Turf Management:

Print Name:

Position:

Facility:

Signature:

Date:

Please send completed form to:

Texas Sports Turf Managers' Association - Scholarship Committee
3324 Sheldon Ave.
Dallas, TX 75211

Or e-mail: txstma@gmail.com