



Summary of Scholarship Criteria

- 1) Applicant must be the child of a Mid-Atlantic Association of Golf Course Superintendents (MAAGCS) member.
- 2) Applicant must currently be enrolled in a college or university.
- 3) In order for the applicant to be considered for the scholarship, he/she must completely fill out the application form.
- 4) Applicant must secure a recommendation from a college advisor from his/her particular college.
- 5) Past recipients of the MAAGCS Scholarship Fund may reapply.
- 6) All applications must be completed, submitted, and emailed or postmarked no later than November 12, 2018.



Summary of Scholarship Application Procedures

- 1) Applicant must meet ALL CRITERIA and satisfy ALL REQUIREMENTS as described in the preceding pages.
- 2) Applicant must submit the following items to the Scholarship Committee NO LATER than November 12, 2018.
 - a. *TRANSCRIPTS* from all institutions attended in the last five years (After High School).
 - b. *APPLICANT'S STATEMENT* and *QUESTIONNAIRE*
- 3) It is the applicant's responsibility for the timely submittal of the College Advisor Recommendation form. The form must be delivered to the appropriate Advisor with a request that the forms be completed and returned to the Mid-Atlantic Association of Golf-Course Superintendents Scholarship Committee NO LATER THAN November 12, 2018.
- 4) Finalists may be invited to a personal interview before the MAAGCS Education Committee.
- 5) Scholarship recipients will be asked to attend the MAAGCS Annual Meeting.

SCHOLARSHIP APPLICATION

Name: _____ Date: ___/___/___

Date of Birth: ___/___/___

Applicant's Statement

Please answer the following questions. This will enable us to become acquainted with you as an individual.

1. What stimulated your initial interest in your particular area of study?

2. Why have you chosen your current major?

3. What do you expect of a college education?

4. What are your future plans after graduation?

5. Why do you believe MAAGCS should grant you a scholarship?

Applicant's Questionnaire

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List, in chronological order, high schools attended then colleges. ***It is very important this information be complete.***

Name and Address of Institution	Date Entered	Total Months Attended	Date of Graduation*

*If pending, please indicate date you expect to graduate

If you were out of school for a time, account *fully* for your time since you left high school. Include business and military experience.

Inclusive Dates Firm, School or Organization and Location Kind of Work

Are you attending college? _____ If so, what college? _____

Are you pursuing a two-year _____ four-year _____ graduate _____ program?

What is your major? _____

If undergraduate, do you plan to attend graduate school? _____

Your Campus address: (if not applicable, write "N/A"): _____

Your permanent address: _____

Cell phone number: (____) _____-_____

Were you ever dismissed from school? _____ If so, what school? _____

Why? _____

Were you ever placed on probation? _____

If so, why? _____

Have you ever received any failing grades? _____

Name of institution, subjects, and cause _____

Applicant's Questionnaire

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List any academic distinctions and honors you have received:

High School: _____

College: _____

Other: _____

List any athletic distinctions and honors you have received:

High School: _____

College: _____

Other: _____

List any offices held in organizations: _____

Applicant's Questionnaire

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List high school or college activities in which you have participated (athletics, clubs, school paper, etc.)

List your activities outside of high school or college (clubs, organization, community, etc.)

In what ways have you contributed toward your financial support while in high school or college?

While in college, are you contributing toward anyone else's support?

Do you qualify for in-state tuition? _____

List any other scholarships awarded and sponsors, dates and amounts of award:

_____	\$ _____
_____	\$ _____
_____	\$ _____

*Attach additional paper(s) if you wish to make comments about yourself which would be helpful to the Scholarship Committee.

*Be responsible for the timely submittal of both records and transcripts.

Mail to: MAAGCS Scholarship Committee
1016 Washington Road
Westminster, MD 21157

Email to: msboss4@hotmail.com

Report for College Advisor

(PLEASE PRINT OR TYPE)

Candidate Name: _____

Home Address: _____
Number and street city & state zip code

This report should be made by the advisor designated by the Candidate. Please mail this completed report to the address at the bottom of this form.

How well does the applicant work independently? _____

Does the applicant have well-defined objectives? _____

What is the applicant's reputation for integrity? _____

Has the applicant been a superior, good, indifferent or poor citizen of the school? _____

Is the applicant emotionally mature? _____

How are you and others affected by the applicant's appearance and manner? _____

Have there been factors of health or home conditions which have affected his/her work that should be taken into consideration in reviewing this applicant? Yes No
If so please comment below.

In your opinion, what kind of scholarship record should this student make at a university?
 Superior Good Average Poor

How would you rank this applicant? _____ in a class of _____
(Highest is 1) (Number in class)

Comments (please attach extra pages if necessary): _____

I do I do not recommend that this applicant be granted a scholarship

Signed: _____

School: _____ Date: ____/____/____

Mail to: MAAGCS Scholarship Committee Email to: msboss4@hotmail.com
1016 Washington Road
Westminster, MD 21157

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