Summary of Scholarship Criteria

1) Applicant must be an employee of a Mid-Atlantic Association of Golf Course Superintendent (MAAGCS) member.

2) Applicant must have completed one year of employment at their current golf course whose superintendent is also a member of the Mid-Atlantic, AND

   a. At the minimum, applicant has shown interest in pursuing a degree or certificate in a turfgrass management program.
   b. The applicant should be enrolled in at least one class in the turf management curriculum in that program.
   c. Online turf programs are eligible for scholarships.

3) In order that an applicant is considered for the scholarship he/she must completely fill out the application form.

4) Applicant must secure recommendations from a superintendent that he/she has worked under OR 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 postmarked no later than November 6, 2012.
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 5, 2013.
   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 at least ONE of the following two additional reports to be filled out. These forms must be delivered to the appropriate Superintendent or 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 October 30, 2009.
   a. GOLF COURSE SUPERINTENDENT’S REPORT
   or
   b. COLLEGE ADVISOR’S RECOMMENDATION

4) Finalists may be invited to a personal interview before the MAAGCS Education Committee.

5) Scholarship recipients will be asked to attend Maryland Turfgrass Conference and/or MAAGCS events.
Mid-Atlantic Association of Golf Course Superintendents

SCHOLARSHIP APPLICATION

Name: ___________________________________ Date: ___/___/____
Date of Birth: ___/___/___ Social Security Number: _____-____-____

Applicant’s Statement

Please answer the following questions in your own handwriting on this page. This will enable us to become acquainted with you as an individual.

1. What stimulated your initial interest in golf and this profession?__________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Why are you majoring in turf management? _________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. What do you expect of a college education?________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. What will be your future role in this position?______________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Why do you believe MAAGCS should grant you a scholarship?_________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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: ____________________________
List employment you have held in the past three years. *PLEASE PRINT*.

<table>
<thead>
<tr>
<th>Type of work</th>
<th>Employer and Address</th>
<th>Supervisor and Ph. #</th>
<th>Employed From</th>
<th>To</th>
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</table>
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:

________________________________________________________________________ $_______

________________________________________________________________________ $_______

________________________________________________________________________ $_______

*Please submit two head and shoulder photographs of yourself with this application.

*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  DEADLINE: November 5, 2013
P.O. Box 121
Bluefield, VA 24605
Or: E-mailed to maagcs@earthlink.net
Applicant’s Questionnaire

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

<table>
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<tr>
<th>Name and Address of Institution</th>
<th>Date Entered</th>
<th>Total Months Attended</th>
<th>Date of Graduation*</th>
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</table>

If pending, please indicate date you expect to graduate

*If pending, please indicate date you expect to graduate*

If you are out of school, 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 is (if not applicable, write “N/A”): ________________________

_______________________________________________

Campus phone (____) ______-______ Will this information change next semester? ____

Your permanent address is _____________________________________________________

_____________________________________________________________

Permanent 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 _________________________________
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? _________________________________________

Does the applicant intend to pursue golf course management as a career? ________________

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: ________________________________ Date: ______/____/_____

School: ________________________________ Date: ______/____/_____

Mail to: MAAGCS Scholarship Committee

P.O. Box 121

Bluefield, VA 24605 Or: E-mailed to maagcs@earthlink.net

DEADLINE: November 5, 2013. Must be postmarked by this date

CONFIDENTIAL CONFIDENTIAL
Report for Golf Course Superintendents

(Please print or type)

Candidate Name: _______________________________________________________

Home Address: _________________________________________________________

Number and street

City & state

Zip code

This report should be made by the superintendent for whom the Candidate has worked. Please mail this completed report to the address at the bottom of this form.

Character and Personality Rating

<table>
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<tr>
<th>Truly Outstanding (Top 2-3%)</th>
<th>Excellent (Top 10% but not 2-3%)</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
</table>

Motivation

Creative Qualities

Self-discipline

Growth Potential

Leadership

Self-confidence

Concern for others

Reaction to Setbacks

Emotional Maturity

Personal Initiative

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.

Summary statement (please attach extra pages if necessary):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Would this person, in your opinion, be a positive influence on the profession as a golf course superintendent?

__________________________________________

☐ I do   ☐ I do not

Recommend that this applicant be granted a scholarship

Signed: ____________________________________________ Date: _____/____/____

Course: _________________________________

Mail to: MAAGCS Scholarship Committee

P.O. Box 121

Bluefield, VA 24605

Deadline: November 5, 2013

Postmarked

Or: E-mailed to maagcs@earthlink.net