



# HEART OF AMERICA GCSA SCHOLARSHIP APPLICATION

The Heart of America GCSA Scholarship offers educational aid to deserving students in the turfgrass program at an accredited college or university in Kansas or Missouri.

Applicants will be judged based on their academic achievements, employment history/potential in the industry, leadership, and the content and composition of their scholarship application as determined by the Scholarship and Research Committee. Please complete this application as thoroughly as possible.

## Applicant's Statement

Please complete all information listed below. **Application must be typed** (both WORD & PDF formats available online for your convenience at [www.hagcsa.org](http://www.hagcsa.org)). Use the back of the application if more room is needed.

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home telephone \_\_\_\_\_ Campus telephone \_\_\_\_\_

E-mail \_\_\_\_\_

## High Schools and Colleges Attended

*It is very important that this information be complete and in chronological order.*

Names and Location of Institution	Dates Attended	Grade Point	Date of Graduation

Are you attending college now? Yes No If yes, which college? \_\_\_\_\_

If no, have you been accepted for the next semester? Yes No

Name of college you plan to attend \_\_\_\_\_

What is or will be your major? \_\_\_\_\_

What degree are you pursuing? two-year four-year a graduate degree

List your cumulative grade point average as of this date (i.e.: 2.0 out of 4.0) \_\_\_\_\_

♦ Provide a transcript of grades for **the current academic year**.

List any academic distinctions and honors you have received during high school or college.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List school or college activities in which you have participated (athletics, clubs, school paper, fine arts, etc.) Please note any honors or distinctions you received related to these activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other scholarships awarded or received:

Scholarship	Sponsor	Date	Amount
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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## Interests and Employment

What stimulated your initial interest in golf and the turf profession? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you believe that the HAGCSA should grant you a scholarship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals upon graduation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your professional goals with your degree, Golf Course Superintendent or other management position? \_\_\_\_\_  
\_\_\_\_\_

Are you a student member of the Heart of America GCSA? Yes No

Are you a student member of GCSAA? Yes No

Have you ever worked for a HAGCSA member? Yes No

If yes, whom? \_\_\_\_\_

List your activities outside of school or college (clubs, organizations, community, etc.).  
\_\_\_\_\_  
\_\_\_\_\_

List any offices held in school or community organizations.  
\_\_\_\_\_  
\_\_\_\_\_

List any employment held since entering high school:

<b>Company &amp; address Employment</b>	<b>Supervisor &amp; Phone #</b>	<b>Type of Work</b>	<b>Dates of</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What percentage of your education do you personally pay for? \_\_\_\_\_

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## **Letters of Recommendation**

Please attach **at least three letters** of recommendation from employer(s) and professor(s).

## **WAIVER**

I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility. I agree to notify the Heart of America GCSA immediately when my educational program is interrupted or changed in any manner that might jeopardize the interest of the scholarship award. I hereby give the Heart of America GCSA permission to share this information for the purpose of recruitment, public relations and reports.

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Signature of Applicant

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Date

Return completed application  
(with current transcript and recommendation letters)  
by  
**OCTOBER 30, 2009**

**Submit to:**  
HAGCSA  
P.O. Box 419264  
Kansas City, MO 64141-6264