



New York State Golf Association

Annual Scholarship Award Application

Annual Scholarship Application must be postmarked no later than **May 15**

Dear Applicant:

Each year, the New York State Golf Association awards a limited number of academic scholarships. You qualify as an applicant if you are a full-time matriculated student accepted by a two- or four-year college/university in a specific academic major such as Agronomy, Turf Grass Management, Professional Golf & Country Club Management or a related program. You also must be a resident of New York State.

You must include a letter from the college/university in which you are enrolled indicating that you will be a full-time (12 credits or more) matriculated student. Also, you must ensure that the letter identifies the specific program of study you have been admitted to.

We encourage applicants who meet the above criteria to complete and submit an application for scholarship consideration. Applications must be returned to the address below, postmarked no later than **May 15**.

Sincerely
NYSGA Scholarship Committee

Name

Address

City Zip Home Phone

Birth Date City of Birth E-Mail Address

Social Security Number

College/University accepted by

Admitted Field of Study

Golf Club or College/University Recommending Scholar

Name of Club President or Faculty Member

Telephone Number

Be sure to complete all areas of the application that apply to you. Stress any facts you feel may help to enhance your possible selection. Please include any letters of recommendation you may wish us to consider. Keep in mind the scholarship award is designed to help you with your education. However, if you have a full scholarship, you are not eligible for a NYSGA Scholarship. If you have a question about including an item or not, please note that it is far better to give us too much information than not enough.

**Please Return Completed Application to:
(postmarked no later than May 15)**

**Mr. Henry W. Fust
NYSGA Scholarship Committee
5784 Widewaters Parkway
Syracuse, New York 13214**

New York State Golf Association

Annual Scholarship Award Application - Page 2

<i>Father's Full Name (First, Middle, Last)</i>	<i>Living?</i>	<i>Age:</i>	<i>High School Graduate?</i>
<i>College Attended:</i>	<i>Did He Graduate?</i>	<i>When:</i>	
<i>Present Employer:</i>	<i>Business Address</i>		
<i>Job Title:</i>			

<i>Mother's Full Name (First, Middle, Last)</i>	<i>Living?</i>	<i>Age:</i>	<i>High School Graduate?</i>
<i>College Attended:</i>	<i>Did She Graduate?</i>	<i>When:</i>	
<i>Is you Mother Employed?</i>	<i>If Yes, by Whom:</i>		
<i>Type of Work:</i>			

<i>Names of Brothers and/or Sisters:</i>	<i>(M)ale, (F)emale:</i>	<i>Occupation:</i>	<i>Self-Supporting?</i>	<i>Lives at Home?</i>	<i>Married?</i>

Please list any work experiences including internships that directly relate to your intended field of study(use separate sheet if necessary):

Please list activities in which you have taken an active role, such as representing your school in athletic contests, editorial positions, holding responsible offices in student organizations and responsible position in school functions. Comment on any special recognition received (use separate sheet if necessary):

New York State Golf Association

Annual Scholarship Award Application - Page 4

Lined writing area for the application text.

(Attach an additional sheet if needed)

I certify that the information in this application is true and accurate to the best of my knowledge and belief.

Date: _____

Signed: _____

Full Name of Applicant

Signed: _____

Parent or Guardian