



Golf Course Superintendents Association of New Jersey

25 US Highway 46 West • Wayne, New Jersey 07470
Phone: 1-866-427-2651 • Fax: 973-812-6529
www.gcsanj.org • execdirector@gcsanj.org

GCSANJ SCHOLARSHIP PROGRAM

Eligibility Requirements: Any child of a GCSANJ member OR a member of GCSANJ in a turf Grass program, either 2 year or 4 year or graduate class. These scholarships are for GCSANJ members or their children only.

Each application will be evaluated based on the following criteria:

Academics, Extra-Curricular Activities, Essay, and Over-all Presentation,

- A. **Two page application:** *Incomplete or late applications will not be accepted.*
ALL APPLICATIONS MUST BE POSTMARKED BY May 31, 2015
- B. **Transcripts** from high school or college that include the three most recent semesters completed.
- C. **Essay:** Please take the time to write a meaningful essay that addresses the question asked.
- D. **Recommendations:** Applicants must submit at least two letters of recommendation from employers, teachers, or advisors. One personal recommendation along with a professional one is also acceptable.

Turf Student Recommendation: This part of the application should only be completed by those pursuing a degree in a turf related field. Form may be filled out by a teacher, an advisor, or a member of the GCSANJ. Failure to complete this section will cause the prospective applicant to not receive the **ten** point evaluation bonus given to turf students.

ALL SUBMISSIONS MUST BE POSTMARKED BY May 31, 2015

Incomplete or Late Applications will not be accepted for consideration.

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**PLEASE MAIL COMPLETED APPLICATION, TRANSCRIPTS,
ESSAY, AND RECOMMENDATIONS TO:**

Golf Course Superintendents Association of New Jersey
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A. APPLICATION PAGE ONE
ANSWERS MAY BE TYPED ON A SEPARATE SHEET

Name: _____
Date of Birth _____
Parents' Names: _____
Permanent Address: _____
Permanent Telephone: _____

PLEASE LIST ALL HIGH SCHOOLS AND COLLEGES ATTENDED

Name and Address of High School:

High School Graduation Date: _____

Name and Address of College:

Major: _____

Undergraduate_____ **Graduate**_____

Name: _____

A. APPLICATION PAGE TWO
ANSWERS MAY BE TYPED ON A SEPARATE SHEET

**PLEASE LIST FULL OR PART TIME EMPLOYMENT
OVER THE PAST FOUR YEARS**

**LIST ANY ACADEMIC DISTINCTIONS OR HONORS YOU HAVE RECEIVED DURING
THE PAST ACADEMIC YEAR**

**LIST ANY SCHOOL ACTIVITIES WHICH YOU HAVE PARTICIPATED IN
DURING THE PAST FOUR ACADEMIC YEARS**
(College or high school: athletics, clubs, school paper, fine arts, etc.)

**LIST ANY OUT OF SCHOOL ACTIVITIES WHICH YOU HAVE PARTICIPATED IN
DURING THE LAST FOUR ACADEMIC YEARS**
(Clubs, charities, organizations, community associations, etc.)

Name: _____

ESSAY QUESTION: Use a separate sheet to complete the question.

1. Evaluate a significant experience, achievement or risk you have taken and its impact on you.
(250 word minimum)

**TURF STUDENT RECOMMENDATION
TEACHER OR ADVISOR REPORT
(ONLY USED FOR TURF STUDENT)**

Candidate: _____
(Candidate: Type or print your name here)

Home Address: _____
(Print or Type) Number & Street City & State Zip Code

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

RECOMMENDATIONS MUST BE POSTMARKED BY May 31, 2015

How well does this applicant work independently? _____

Does the applicant have well-defined objectives? _____

Does the applicant exhibit leadership qualities? _____

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

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

Have there been factors of health or home conditions which have affected his/her schoolwork that should be taken into consideration in reviewing this application? _____

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

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

Name: _____

Comments: _____

I do _____ do not _____ recommend that this student be granted a scholarship.

Signed: _____ Title: _____

School: _____ Date: _____

**TURF STUDENT RECOMMENDATION
Golf Course Superintendent Report
(ONLY USED FOR TURF STUDENT)**

Candidate: _____

(Candidate: Type or print your name here)

Home Address: _____

(Print or Type) Number & Street City & State Zip Code

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

RECOMMENDATIONS MUST BE POSTMARKED BY May 31, 2015

CHARACTER AND PERSONALITY RATINGS

	Below Average	Average	Good	Excellent (top 10%)	Outstanding (top 2%)
Motivation	_____	_____	_____	_____	_____
Creative Qualities	_____	_____	_____	_____	_____
Self-discipline	_____	_____	_____	_____	_____
Growth Potential	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____
Concern for Others	_____	_____	_____	_____	_____

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Name: _____

CHARACTER AND PERSONALITY RATINGS

	Below Average	Average	Good	Excellent (top 10%)	Outstanding (top 2%)
Reaction to Setbacks	_____	_____	_____	_____	_____
Personal Initiative	_____	_____	_____	_____	_____
Summary Statement:	_____				

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

Signed: _____ Date: _____

GCSAA Member # (if applicable) _____

- End -