

# ADIRONDACK GOLF COURSE SUPERINTENDENTS ASSOCIATION

## SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Permanent Address	School Address
Phone: _____	Phone: _____

Which condition are you applying under? (Check One)

- a.) Member of the AGCSA.
- b.) Immediate Family Member of an AGCSA Member.
- c.) Employed by an AGCSA Member.
- d.) Other: (If the above requirements are not fulfilled, the applicant must submit a letter of recommendation from a member who is sponsoring his or her application.)

Sponsor's Name: \_\_\_\_\_

**Educational Background:** (including matriculated status if attending a 2 or 4 year program)

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**Educational Goals:** \_\_\_\_\_

**Career Objectives:** \_\_\_\_\_

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**Related Employment History:** \_\_\_\_\_

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**Application Should be Addressed to:** AGCSA President - Scholarship  
 97 Mannis Rd.  
 Queensbury, NY 12804