



# MVGCSA Scholarship Application Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

College/University: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Local Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Curriculum:  Science  Agriculture  Industry  Turfgrass  Other

Are you currently enrolled in a Turfgrass Program?  Yes  No

Current Status: 4-Year:  Freshman  Sophomore  Junior  Senior

2-Year:  1st Year  2nd Year

Other: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

**Academic Record:** You must include a copy of official transcript

Cumulative GPA/scale: All Subjects \_\_\_\_\_ In major \_\_\_\_\_ (High School if College credits not yet earned)

All subjects for the last two years \_\_\_\_\_

**Activities:**

Membership and committee work in student or community organizations: \_\_\_\_\_

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Special interests and hobbies: \_\_\_\_\_

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**Biographical Sketch:**

Work experiences (list chronologically; attach separate sheet if needed): \_\_\_\_\_

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Please state personal and educational objectives for your future: \_\_\_\_\_

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Indicate other assistance and/or scholarships received: \_\_\_\_\_

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Please indicate your reason for requesting this scholarship: \_\_\_\_\_

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List names of who you are requesting letters of recommendation from (2 required):

1.) \_\_\_\_\_

2.) \_\_\_\_\_

**I PLEDGE THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of Parent or Guardian (if under 18)

\_\_\_\_\_  
Signature of Candidate

**Return by April 15th to:  
MVGCSA Scholarship Committee | 2710 North Star Road | Columbus, OH 43221**