

MEMPHIS AREA GOLF COURSE SUPERINTENDENTS ASSOCIATION

MAGCSA Scholarship Application

Date: _____

Student's Name: _____

Age: _____

Student's Mailing Address: _____

Institution: _____

Phone: _____

Faculty Advisor: _____

Title

Department

Advisor's Mailing Address: _____

Applicant's Major Field of Study: _____

Classification: SENIOR____ JUNIOR____ SOPHOMORE____ FRESHMAN____

Accumulative G.P.A.: Overall____ Turfgrass Related Subjects____

Experience in Turf: _____

Non-related Turf Experience: _____

Name and Relationship of any relatives associated with the Golf or Turfgrass Industry: _____

Name and Relationship of any relatives who are MAGCSA members: _____

What fields of Turfgrass Industry are you interested in? _____

Name of golf course(s) and superintendent(s) in the Memphis area for whom you have worked: _____

Have you ever received a MAGCSA Scholarship? Yes_____ No_____

Describe in 300 words or less your reasons for requesting a MAGCSA Scholarship. Please include a statement of your sources of financial support. (Please complete on a separate page and attach)

References: _____

(Note: In order to be considered for a scholarship, applicant must have worked for a current or past member of the MAGCSA)

Please Remit Applications To:
Ridgeway Country Club
C/o Al Davis
9800 Poplar Avenue
Memphis, TN 38139