

# Golf Course Superintendents Association of Cape Cod

c/o Julie Heston, 36 Elisha Mathewson Rd., N. Scituate, RI 02857

## JOHN O'CONNELL SCHOLARSHIP APPLICATION FORM

**Deadline for Applications: July 1<sup>st</sup>**

**\*All applications must include copies of academic transcripts and current resume.**

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

Student's Name \_\_\_\_\_ Telephone \_\_\_\_\_

HOME Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
Street City State Zip

Institution \_\_\_\_\_

Faculty Advisor \_\_\_\_\_  
Name Title Telephone

Mailing Address \_\_\_\_\_  
Street City State Zip

Major Field of Study \_\_\_\_\_

Class - Beginning next fall term

Two Year School: Fresh \_\_\_\_\_ Soph \_\_\_\_\_

Four Year School: Fresh \_\_\_\_\_ Soph \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Accumulative GPA: All subjects \_\_\_\_\_ Plant Science subjects \_\_\_\_\_

Rank in Class: \_\_\_\_\_ of \_\_\_\_\_

Experience in golf course work: (typed in detail on a separate page)

Experience on other jobs: (typed in detail on a separate page)

Name and address of close relatives or employer associated with golf or turfgrass industry:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

List all scholarships, Grants and Financial Aid you have or will apply for \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL RECORD**

Name of Father or Guardian \_\_\_\_\_  
Address (if not same as yours) \_\_\_\_\_  
Father's Occupation \_\_\_\_\_  
Employed by whom \_\_\_\_\_  
Name of Mother or Guardian \_\_\_\_\_  
Mother's Occupation \_\_\_\_\_  
Employed by whom \_\_\_\_\_  
Total number of persons dependent on parents (including parents and self) \_\_\_\_\_  
Number of brothers and sisters presently attending college \_\_\_\_\_  
Explain any unusual family situation, which would be pertinent to your application  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Costs**

1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice
Name of College _____	_____
Tuition _____	_____
Room and Board _____	_____
Books, Supplies, Fees _____	_____
All other expenses _____	_____
Total _____	_____
Estimated Parental Contribution _____	
Estimated Student Contribution _____	

In consideration of the facts set forth in this application, I respectfully petition that a scholarship be awarded me for the academic year \_\_\_\_\_. I affirm to the best of my knowledge the above information is correct.

Parent's Signature \_\_\_\_\_ Student Signature \_\_\_\_\_  
Date Application Submitted \_\_\_\_\_