



GCSACC SCHOLARSHIP AND BENVOLENCE FUND

Purpose of Fund

1. To provide need – based scholarship aid to children of the GCSACC and employees of GCSACC Members.
2. To provide financial assistance to GCSACC members and their families in emergency situations.
3. To provide funding for local studies and turfgrass research.
4. To provide donations to local charities within the community.

Scholarship Eligibility

Qualifications

1. Any individual employed in Golf Management Operations for at least two seasons for a GCSACC member superintendent, who is attending or has been accepted to an accredited 2 or 4 year turf management school, certificate program or graduate program. (Please use John O'Connell Scholarship Application.)
2. A child of a GCSACC member attending or has been accepted to an accredited 2 or 4 year College, University or Educational Programs approved by the Board of Directors. (Please use Legacy Scholarship Application.)
3. Applicant must provide verification of enrollment from College or University.
4. Applicant must carry a minimum curriculum of 12 credits per semester and verify a 2.5 GPA.
5. A sponsor must be an active member of the GCSACC for a minimum of three years.
6. A sponsor must write a letter of recommendation on behalf of the applicant.
7. All applications must be completed and returned to the address listed below by July 1st of the year preceding your request for scholarship grant.
8. Applicant must write in less than 500 words an essay on a personal experience that affected their life.
9. All above criteria must be met.



GCSACC Scholarship Application Checklist of required documents

- Completed GCSACC Scholarship application

- Verification of enrollment from college or university – showing minimum curriculum of 12 credits per semester

- Verification of at least a 2.5 GPA

- Letter of recommendation from sponsor. (Sponsor must be an active GCSACC member for at least 3 years. Can be a parent or employer.)

- Essay – 500 words or less on a personal experience that affected your life

- Resume or list of work experience (include experience in golf course work if applying for John O’Connell Scholarship)

Any questions, please contact Julie Heston, Chapter Executive, at (401) 934-7660 or admin@gcsacc.org

Please mail or email all documents to:

GCSACC
c/o Julie Heston
PO Box 603
North Scituate, RI 02857
admin@gcsacc.org

Golf Course Superintendents Association of Cape Cod

c/o Julie Heston, PO Box 603, North Scituate, RI 02857

JOHN O'CONNELL SCHOLARSHIP APPLICATION FORM

**All applications must include copies of academic transcripts and current resume.
Deadline for 2020: November 2nd**

Date _____

Student's Name _____ Age _____ 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: _____

Rank in Class: _____ of _____

Experience in golf course work if applicable: (typed in detail on a separate page or listed on resume)

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

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 st choice	2 nd choice
Name of College _____	_____
Tuition _____	_____
Room and Board _____	_____
Books, Supplies, Fees _____	_____
All other exp. _____	_____
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.

Parents Signature _____ Student Signature _____
Date Application Submitted _____