



## **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 1<sup>st</sup> 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
- 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](mailto:admin@gcsacc.org)

**Please mail or email all documents by July 1st to:**

GCSACC

c/o Julie Heston

P.O. Box 603

North Scituate, RI 02857

Email: [admin@gcsacc.org](mailto: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: July 1<sup>st</sup>**

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 <sup>st</sup> choice	2 <sup>nd</sup> 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 \_\_\_\_\_