

GCMACC SCHOLARSHIP AND BENVOLENCE FUND

Purpose of Fund

1. To provide need – based scholarship aid to children of the GCMACC and employees of GCMACC Members.
2. To provide financial assistance to GCMACC 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 GCMACC 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 GCMACC member attending or has been accepted to an accredited 2 or 4 year College, University, graduate program 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 GCMACC 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 above by July 1st of the year preceding your request for scholarship grant.

Golf Course Managers Association of Cape Cod

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

LEGACY SCHOLARSHIP APPLICATION FORM

**All applications must include copies of academic transcripts and current resume.
Deadline: July 1st**

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: Junior _____ Senior _____ Special _____

Four Year School: Soph _____ Junior _____ Senior _____ Special _____

Graduate Student: Masters Candidate _____ Doctoral Candidate _____

Accumulative GPA: _____

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 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 _____

Golf Course Managers 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 1st

***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: Junior _____ Senior _____ Special _____

Four Year School: Fresh _____ Soph _____ Junior _____ Senior _____

Graduate Student: Masters Candidate _____ Doctoral Candidate _____

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

1st Choice

2nd 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 _____