

Kentucky TurfGrass Council Scholarship Application

DATE: _____

NAME: _____

AGE: _____

ADDRESS (COLLEGE): _____

PHONE: _____

ADDRESS (HOME): _____

PHONE: _____

MARRIED: _____

#OF CHILDREN: _____

PRESENT CLASS (YEAR) IN SCHOOL: _____

MAJOR FIELD OF STUDY: _____

CURRENT MEMBERSHIPS IN: GCSAA: _____ KTC: _____ STMA _____

EXTRA CURRICULAR ACTIVITIES: (list any activities in or outside of school & offices held)

LIST ANY ACADEMIC DISTINCTIONS AND HONORS:

WHAT % OF YOUR FUNDS FOR COLLEGE COMES FROM:

PARENTS _____ **PART -TIME WORK** _____ **LOANS** _____ **SCHOLARSHIPS** _____