MICHIGAN TURFGRASS FOUNDATION SCHOLARSHIP PROGRAM APPLICATION (Please type)

Mail this application to:
Michigan State University
College of Agriculture and Natural Resources
Department of Plant, Soil and Microbial Sciences
Plant and Soil Sciences Building
1066 Bogue Street, Room A284 East Lansing, MI 48824-1039

Scholarship Application

* Please provide at least two letters of recommendation from instructors, employers, or the like. Return this Scholarship application, a cover letter, resume, and letters of recommendation no later than November 30, 2017.

APPLICANT INFORMATION:			
Date:			
Name:			
Home Address:			
Home Phone:			
Permanent Address:			
Phone:			
School Name:			
School Address:			
Program Enrolled in: o 4 Year Turfgrass Management Program o 2 Year Turfgrass Management Program o 2 Year Sports and Commercial Turf Program o Full Time o Part Time			
Cumulative Grade Point Average: Grade Point Average in your Major Area of study last term: Describe how your college expenses have been/or will be financed:			
Which Cabalarahin are you applying for?			
Which Scholarship are you applying for? o Norm Kramer Award o Robert Hancock Award o Kenyon T. Payne Award o Sports and Commercial Turf Award			
ACTIVITIES: Membership/Committee work:			

Other Activit	ties:
What type o	f work will you be seeking following graduation:
OCCUPATION	ONAL GOALS:
Please inclu	de any other relevant information:
WORK EXP 1. Employer Address:	
Dates:	
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EDUCATION:

1. School:		_
Location:		
Program Studied:		
	Grade Point Average:	_
2. School:		
Location:		_
Did you graduate?	Grade Point Average:	_
3. School:		
Location:		
Program Studied:		
Did you graduate?	Grade Point Average:	_