

**MICHIGAN TURFGRASS FOUNDATION  
SCHOLARSHIP PROGRAM  
APPLICATION**  
(please type)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Campus Address: \_\_\_\_\_  
\_\_\_\_\_

Campus phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

**PROGRAM:**

- \_\_\_\_\_ 4 Year Turfgrass Management Program
- \_\_\_\_\_ 2 Year Turfgrass Management Program
- \_\_\_\_\_ 2 Year Sports and Commercial Turf Program

**FOR WHICH AWARD ARE YOU APPLYING?**

- \_\_\_\_\_ Norm Kramer Award
- \_\_\_\_\_ Robert Hancock Award
- \_\_\_\_\_ Kenyon T. Payne Award
- \_\_\_\_\_ Sports and Commercial Turf Award

OVERALL GPA AT THE END OF LAST TERM: \_\_\_\_\_

CREDIT HOURS COMPLETED: \_\_\_\_\_

Mail this application to:

Attn: Gina  
Michigan State University  
Department of Crop & Soil Sciences  
Plant & Soil Science Building – Room 160  
East Lansing, MI 48824

**ALL APPLICATIONS MUST BE RECEIVED BY NOVEMBER 23, 2004**

WORK EXPERIENCE:

1. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_
  
2. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_
  
3. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

EDUCATION:

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