



# Scholarship Application

NYSTA, PO Box 612, Latham, NY 12110  
(518) 783-1229 | fax (518) 783-1258  
www.nysta.org | nysta@nysta.org

## Contact Information:

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

## Academic Information:

Student ID \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Other scholarships received this calendar year: \_\_\_\_\_

Financial situation and need: \_\_\_\_\_

## Supporting Documentation:

**Complete applications must include the following:**

- A complete application form** (*An editable application is available on the NYSTA web site at [www.nysta.org](http://www.nysta.org)*) with all supporting documentation. If completing by hand, please print legibly.
- College transcripts** (a minimum of two semesters)
- Letter of recommendation** from a current or former employer (The employer can be in any line of work, as we are looking at the applicant's general work record and work ethic.)
- Employment history**
- Applicant Evaluation Form by Professor**
- A one-page statement** from the applicant identifying the college or university he or she is enrolled in, the course of study they are pursuing and their career objectives (resumes not accepted)
- List of extracurricular activities** including academic, community service and specific awards received

**Must be postmarked by Wednesday, September 30, 2020 and mailed to:  
NYSTA, PO Box 612, Latham, NY 12110**

***An incomplete application will not be evaluated.***



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## NYSTA Scholarship Information

### 1. General Requirements

- a. The candidate must be a member of the New York State Turfgrass Association. (No Fee)
- b. The candidate must be currently enrolled, and enrolled for the coming semester as a sophomore, junior, or senior, at a four-year college or university, or a second-year student at a two-year college. In either case, the candidate must be working towards a degree in turfgrass science or a closely-related curriculum (i.e. landscape design, landscape construction, landscape maintenance, agricultural engineering, soil science, pathology/horticultural science) where the applicant has taken all relevant turfgrass management courses, as demonstrated by the applicant's transcript.

Preference will be given to students attending a school within New York State, although this is not a requirement.

Applicants are required to have a Professor from their turf-related curriculum complete the enclosed NYSTA Scholarship Applicant Evaluation Form by Professor.

### 2. The following must be included:

- a. **A complete application form** (*An editable application is available on the NYSTA web site at [www.nysta.org](http://www.nysta.org)*) with all supporting documentation. If completing by hand, please print legibly.
- b. **College transcripts** (a minimum of two semesters)
- c. **Letter of recommendation** from a current or former employer (The employer can be in any line of work, as we are looking at the applicant's general work record and work ethic.)
- d. **Employment history**
- e. **Applicant Evaluation Form by Professor**
- f. **A one-page statement** from the applicant identifying the college or university he or she is enrolled in, the course of study they are pursuing and their career objectives (resumes not accepted)
- g. **List of extracurricular activities** including academic, community service and specific awards received

### 3. Applications must be **postmarked by Wednesday, September 30, 2020**, and sent to:

New York State Turfgrass Association  
PO Box 612  
Latham, New York 12110  
Phone (518) 783-1229  
Fax (518) 783-1258

The recipients will be informed by October 30 and a check will be forwarded in November/December, directly to the college or university at which the recipient is continuing his/her education.



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## NYSTA Scholarship – Applicant Evaluation Form by Professor

*To be completed by a professor in turfgrass curriculum or a closely-related field and placed in a sealed envelope by the professor.*

Name of Applicant \_\_\_\_\_

**Please rate student strengths in the following areas:**

	POOR 1	AVERAGE 2	GOOD 3	SUPERIOR 4	SCORE
Academics					
Leadership					
Extracurricular Activities					
Work Ethic					
Total Score					

Name and Title of Professor Evaluating Student: \_\_\_\_\_

*Please use this space for any additional pertinent information:* \_\_\_\_\_

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