



Legacy 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: _____

Supporting Documentation:

Applications not including all required documentation will not be evaluated for funding consideration.

Complete applications must include the following:

- ☐ **A complete application form** (*An editable application is available on the NYSTA website at www.nysta.org*) with all supporting documentation. If completing by hand, please print legibly.
- ☐ **Proof of relationship to NYSTA member** (acceptable forms of proof are birth certificate, tax dependency form, or signed notarized affidavit)
- ☐ **High School or College transcript (minimum of 2 consecutive semesters)**
- ☐ **Non-Relative Letter of recommendation** from a current or former employer or extracurricular activity leader (The employer/extracurricular activity can be in any line of work, volunteer organization, sport, or clergy, etc. as we are looking at the applicant's general work record and or work ethic.)
- ☐ **Employment history**
- ☐ **A one-page statement** from the applicant identifying the college or university where 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

**All documents must be emailed by May 31st and sent to: sue@nysta.mobi OR
postmarked by May 31st and mailed to: NYSTA, PO Box 612, Latham, NY 12110**



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NYSTA Legacy Scholarship Information

1. General Requirements

- a. The candidate must be the child, stepchild, or legal dependent of a member of the New York State Turfgrass Association for (3) consecutive years in good standing.
- b. The candidate must be currently enrolled for the coming semester at a two or four-year college or university.
- c. The candidate is not eligible for multiple NYSTA scholarships in the same academic year.
- d. The candidate must be carrying a minimum of 12 credits per semester.

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 with all supporting documentation. If completing by hand, please print legibly.*)
- b. **Proof of relationship to NYSTA member** (acceptable forms of proof are birth certificate, tax dependency form, or signed notarized affidavit)
- c. **High School or College transcripts** (a minimum of two consecutive semesters)
- d. **Non-Relative Letter of recommendation** from a current or former employer or extracurricular activity leader (The employer/extracurricular activity can be in any line of work, volunteer organization, sport, or clergy, etc. as we are looking at the applicant's general work/activity record and or work ethic.)
- e. **Employment history**
- f. **Applicant Evaluation Form by a Current Teacher, Guidance Counselor, Administrator or Professor**
- g. **A one-page statement** from the applicant identifying the college or university they are enrolled in, the course of study they are pursuing and their career objectives (resumes not accepted)
- h. **List of extracurricular activities** including academic, community service and specific awards received

3. Applications must be **postmarked by May 31, 2026** and sent to:

New York State Turfgrass Association

PO Box 612

Latham, New York 12110

OR – Scanned and emailed by May 31, 2026 to: sue@nysta.mobi

Applications not including all required documentation will not be evaluated for funding consideration.

The recipients will be informed by the end of June and a check will be forwarded in the second week of July directly to the recipient for continuing his/her education.



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NYSTA Legacy Scholarship – Applicant Evaluation Form by Current Teacher or Professor

To be completed by a Current Teacher, Guidance Counselor, Administrator or Professor 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 Evaluating Student: _____

Please use this space for any additional pertinent information: _____
