SportsTurf MANAGERS ASSOCIATION

Experts on the Field, Partners in the Game.

NORTHERN CALIFORNIA CHAPTER
MEMBER SCHOLARSHIP APPLICATION

Applicant Name: (Last) (First)	Signature:
Address:	
Telephone (Home)	Work: Fax: E-mail:

WORK HISTORY (Start with present employment, list last 15 years only)

DATES	EMPLOYER	POSITION TITLE

EMPLOYER INFORMATION:

Employer:	
Supervisors name & Title:	Phone #: FAX #: E-mail:
Address:	

RECOMMENDED BY:

Print Name	Signature	Title
Office Phone #:	Cell Phone #:	Fax #:

RESUME – (REQUIRED)

1. Describe your career goals as they relate to sports turf management. (Attach additional pages if needed.)

2. Select how you will use the scholarship from the following list. Include a description of how this training/certification will benefit you and your employer. (Attach additional pages if needed.)

( ) STMA National Conference ( ) PSMMS ( ) STMA National dues
( ) STMA Certification ( ) OTHER (Please specify – include cost $_____)

DEADLINE for application: October 1, 2010

Send application to: ATTN: Christiana Tjhin
NCC/STMA Scholarship
75 Iron Point Circle, Ste 175
Folsom, CA 95630