



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: (E.G. Supervisor, other professional, instructor or advisor)

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 () School/Training costs (Please specify) _____
 () OTHER (Please specify) _____ Cost \$ _____

DEADLINE for application: October 1st, 2016

Send application to:

ATTN: Chris Chisam
 RE: NCC/STMA Scholarship
 Siegfried
 109 Scripps Drive,
 Sacramento, Ca 95825
 cchisam@siegfriedeng.com

For more information about the NCC/STMA go to: www.norcalstma.org