

Official Scholarship Application Fall 2024

Purpose: The West Texas GCSA will provide scholarships for students who will be attending accredited colleges. Applicants must be enrolled in a college turfgrass program for the 2024 fall semester **OR** be a child of a current member of the association who will be attending a college or university for the 2024 fall semester. In evaluating each application, the scholarship committee will also consider service and participation in school and civic activities, scholastic merit and financial need.

Criteria: The applicant or parent must be a current member of the association. The applicant must have at least a 2.5 college GPA (grade point average) or an 85 high school GPA. Please type or print legibly! Another sheet of paper may be used for additional information.

Student's Name			
Last		First	Middle
Home Address			
Street	City	State	Zip
Current Address			
Street	City	State	Zip
Home Phone Number ()			
Mobile Phone Number ()			
High school/college you currently a	ttend:		
Mailing Address	City, State Zip		
Email Address		Area(s) of Study	
Classification (current)	GPA :	as of last semester (attac	h copy of transcript)
Are you a full-time student? Yes College you will be attending for the			
Mailing Address	(City, State Zip	
Field(s) you wish to pursue upon gr	aduation from college	:	
Activities or organizations you have	participated in for scl	nool or community:	

Special recognitions or awards received:	
List experience in golf course maintenance o	r other turf-related fields:
List experience you have in any other field(s)):
Are you currently a member of this association	on? If so, how long?
List other associations of which you are a me	ember:
If a parent is a member of the WTGCSA, fill i Member's Name	
	Occupation
	ation. Application WILL NOT be valid without these. your reason for requesting the WTGCSA to invest in
 furthering your education -a copy of your college or high se -a letter of recommendation fr company/institution letterhead 	chool transcript rom an employer, instructor or faculty advisor on their
Please mail or email application and materia	lls listed above to: (<mark>** if mailing, please send a notification email</mark>)
WTGCS.	A - PO Box 66 - Gail, TX 79738
	wtgcsa@wtgcsa.net
Scholarship money will be sent, <u>upon proof</u> o	of enrollment, directly to the college to be applied to your account.
Student's Signature	Date
Application	n Deadline is April 1, 2024

For Scholarship Committee chairperson

Scholarship Awarded: Yes ____ No ____ Signature of Chairman _____ Date _____