



## **SCHOLARSHIP APPLICATION**

**DEADLINE FOR SUBMISSION:**

**October 31st**

*All required material should be submitted together*

***INCOMPLETE APPLICATIONS  
WILL NOT BE CONSIDERED***

## **MGSA SCHOLARSHIP FUND**

### **INTRODUCTION TO MGSA SCHOLARSHIP FUND**

The Manitoba Golf Superintendents Association Scholarship Fund is intended to support MGSA members or their children who are pursuing a post-secondary education. The MGSA Scholarship Fund will give preference to student members or children of members who are pursuing post-secondary education in turfgrass maintenance, small equipment repair or horticulture. The assistance offered by the MGSA Scholarship Fund is meant to allow members or their children to become more qualified for their chosen profession.

This assistance is available to all MGSA members and will be administered by the MGSA Board of Directors.

Funding is available to students who are currently enrolled in a recognized post-secondary program of at least two (2) years duration or longer.

Selection will be based on academic standings, financial need, and the content of the application.

There will be preference given to MGSA student members or a child of an MGSA member who are pursuing a career in the field of turfgrass / horticulture / greenspace or small equipment management.

### **APPLICATION PREREQUISITES:**

#### **APPLICANT MUST:**

1. Personally be a member in good standing of the Manitoba Golf Superintendents Association. Or have a parent who is a member in good standing of the Manitoba Golf Superintendents Association.
2. Be a Canadian resident.
3. Be presently enrolled in at least the second year of a program recognized post-secondary program. Although a student studying in any area is eligible for assistance, preference is given to those who are enrolled in a turfgrass / horticulture /greenspace or small equipment management program.
4. Have applicable reports (attached) completed by:
  - a. the manager which the applicant reports to at place of employment; and

- b. current instructor at educational institution.

These two (2) reports are to be provided to the student, who in turn, along with other items, will submit a complete application prior to October 31. Each applicant will need to provide a transcript (original) of marks.

## **SCHOLARSHIPS**

### **- John B. Steel - \$500.00**

John B. Steel was the Golf Course Superintendent at St. Charles Country Club from 1945 to 1977. He was a founding member and past president of the Golf Course Superintendents Association of Manitoba, now the MGSA.

John was the first president of the Canadian Golf Superintendents Association and was instrumental in the establishment of the Turfgrass Research Program at the University of Manitoba.

In 1988 John was inducted into the Canadian Golf Hall of Fame, and he was the first Canadian to receive the Distinguished Service Award from the Golf Course Superintendents Association of America.

### **- George Kendall - \$500.00**

George Kendall was the Golf Course Superintendent at Breezy Bend Country Club from 1964 to 1979. He was a past president and a long time director of the MGSA.

George was a founding member the Canadian Golf Superintendents Association and an original board member.

### **- Dr. A. C. Ferguson - \$500.00**

Dr. Ferguson established the Turfgrass Research Program at the University of Manitoba.

He was an honorary member of both the MGSA and the Canadian Golf Superintendents Association.

## SCHOLARSHIP APPLICATION

(Please Print)

<b>NAME:</b>					
<b>ADDRESS:</b>					
<b>CITY:</b>		<b>PROVINCE:</b>		<b>PC:</b>	
<b>TELEPHONE:</b>		<b>SIN</b> (can be provided once scholarship is awarded)			

### STUDENT'S EMPLOYMENT HISTORY

Previous Employers:

<b>COMPANY NAME and POSITION:</b>		<b>LENGTH:</b>	
<b>COMPANY NAME and POSITION:</b>		<b>LENGTH:</b>	
<b>COMPANY NAME and POSITION:</b>		<b>LENGTH:</b>	

### STUDENTS EDUCATIONAL INFORMATION

Are you pursuing a	Two Year		Graduate		Other (Describe below) program?
Dates for Program	Begins			Ends	
Anticipated Graduation Date:					
Name of Educational Institution:					
Address of School					

Please list your expenses:

Tuition Fees	\$
Cost of Books/ Supplies	\$
Accommodation	\$
Other:	\$
Other:	\$

MGSA Scholarship Application

1. What stimulated your interest to pursue your chosen field?
2. Why do you believe the MGSA Scholarship Fund should provide you a grant?
3. Are you a current member of the MGSA? If so, how long have been a member?
4. In what extra-curricular activities do you participate at school?
5. What are your hobbies? (Please list)
6. What are your goals and objectives after graduation?
7. Please list any awards, bursaries or scholarships you are presently receiving:  
(List name and amount)

## SUMMARY OF SCHOLARSHIP APPLICATION PROCEDURES

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. If possible, please submit all necessary items are submitted together.**

### MAKE SURE YOU HAVE:

1. Completed all areas of the scholarship application.
2. Received validated transcripts of your education program from your educational institution and included them with his application.
3. Both your instructor and manager have completed the necessary reports and have submitted them along with your application.

### FINAL NOTES:

1. Applicant must meet all criteria and satisfy all requirements as previously described.
2. Application must submit all of the necessary information to the MGSA Scholarship Chair no later than October 31. Incomplete applications will not be considered.
3. Scholarship Fund recipients will be announced at the MGSA Annual General Meeting in March and will be published in SuperNews as well as the MGSA website. A photograph of recipients should be provided to MGSA within three weeks of being informed of/or receipt of scholarship.

## APPLICATION DECLARATION

*I hereby certify that the information in this application is true and accurate to the best of my knowledge. I understand the committee decision will be final.*

Payment, if any, will be made at the discretion of and at a time determined by the MGSA. MGSA is not responsible for any other funding or payment to the applicant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to:           MGSA  
                      Attention: Scholarship Fund Chair  
                      2605 Summerville Court Unit #A2082 Mississauga ON L4X 0A2  
                      [mgsa@golfsupers.com](mailto:mgsa@golfsupers.com)

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## REPORT FROM INSTRUCTOR

PLEASE PRINT OR TYPE

Candidate: \_\_\_\_\_

Home Address: \_\_\_\_\_

**This report is to be made by the principal instructor of the candidate. Please return this completed report to the student.**

1. How well does this applicant work independently? \_\_\_\_\_

\_\_\_\_\_

2. Does the applicant have well-defined objectives? \_\_\_\_\_

\_\_\_\_\_

3. Does the applicant exhibit leadership qualities? \_\_\_\_\_

\_\_\_\_\_

4. Does the applicant intend to pursue golf course management as a career? \_\_\_\_\_

\_\_\_\_\_

5. How would you rate the applicant on a scale of 1 – 10 (10 being the best you've ever taught)?

\_\_\_\_\_

I do \_\_\_\_\_ do not \_\_\_\_\_ recommend that this student be granted a Scholarship grant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

Report prepared for : MGSA - Scholarship Chair

2605 Summerville Court, Unit A2082 MISSISSAUGA ON L4X 0A2

[mgsa@golfsupers.com](mailto:mgsa@golfsupers.com)

**If you wish, you may provide this completed report to the student in a sealed envelope marked confidential. Do not send separately.**

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### REPORT FROM GOLF COURSE SUPERINTENDENT

PLEASE PRINT OR TYPE

RETURN THIS COMPLETED FORM TO THE STUDENT

Candidate: \_\_\_\_\_

Home Address: \_\_\_\_\_

#### CHARACTER AND PERSONALITY RATINGS

	<b>Below Average</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>
Motivation				
Creative Qualities				
Self-Discipline				
Growth Potential				
Leadership				
Self Confidence				
Concern for Others				
Reaction to Setbacks				
Personal Initiative				

Summary Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would this person, in your opinion, be a positive influence on their chosen profession?

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Report prepared for: MGSA

2605 Summerville Court, Unit A2082, Mississauga ON L4X 0A2

**If you wish, you may provide this completed report to the student in a sealed envelope marked Confidential. Do not send separately to the MGSA.**