Who should apply: Ohio college students enrolled in studies pertaining to the turfgrass industry

The Ohio Turfgrass Foundation is pleased to inform you that OTF scholarships will be offered. Graduate student scholarships will be considered if acceptable candidates are not available at the undergraduate level.

Your application will be considered for one of the following scholarships:

Ronald D. Baker, Sr. Memorial Scholarship
Established by the employees of Leisure Lawn, Inc., to honor the memory of Mr. Baker, the R.D. Baker Memorial Scholarship is offered to full-time students enrolled in turfgrass studies at The Ohio State University or Ohio State ATI.

Don Sweda Memorial Scholarship
Established in the memory of Mr. Don Sweda. The Sweda Memorial Scholarship is available to turfgrass students at Ohio State or Ohio State ATI pursuing a career in the golf industry.

Ohio Turfgrass Foundation Scholarship
OTF Scholarships are awarded to qualified individuals studying turfgrass science or a related field and pursuing a career in the turfgrass industry.

Students making applications for these scholarships must be enrolled in plant science or a related field to turfgrass science/management such as agronomy, botany, entomology, horticulture, and plant pathology. A student must have a 2.5 cumulative GPA with a 2.75 GPA in the major field. Students must be enrolled for Spring Semester. Financial aid will be applied to SPRING semester. Scholarships will be sent to the institution to be applied to the recipient’s account. Funds cannot be given directly to the individual.

Please follow these criteria when submitting applications:
1. Applicant must include current grade transcript.
2. Applicant must include two (2) letters of recommendation from someone other than family members.
3. All applicant questions must be answered honestly to the best of the applicant’s knowledge.
4. All information will be held in strict confidence by the Scholarship Committee of the Ohio Turfgrass Foundation.
5. Information given on the application form must be either typewritten or printed.

The Scholarship Committee will base the selection of qualified candidates on the following:

- Scholastic Achievement
- Turf-related Goals
- Desire to be a part of the Turfgrass Industry
- Turf-related Job Experience
- Financial Need

If you have any questions concerning OTF scholarships or applications, please contact OTF at 614.285.4683.

Please return applications before October 15 to:

Ohio Turfgrass Foundation
OTF Scholarship Committee
3958 North Hampton Drive
Powell, Ohio 43065
Ohio Turfgrass Foundation
Scholarship Application Form

First Name: ___________________________ Last Name: ___________________________

Social Security Number: _____-____-____ Birth Date: ____________________________

College/University __________________________________________________________

Home Address: ______________________ City __________________ State _____ Zip ______

Home Phone Number: _________________________________________________________

Local Mailing Address: ______________________ City __________________ State _____ Zip ______

Local Phone Number: ______________________ E-mail _____________________________

High School: __________________________ Date of Graduation: ____________________

Curriculum: ☐ Science ☐ Agriculture ☐ Industry ☐ Turfgrass ☐ Other ________________

Are you currently enrolled in a Turfgrass Program? ☐ Yes ☐ No

Current Status: 4-Year: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

2-Year: ☐ 1st Year ☐ 2nd Year

Other ________________________________

Expected Date of Graduation: __________________________

Academic Record: You must include a copy of official transcript
Cumulative GPA/scale: All subjects ________ In major ________ (High School if College credits not yet earned)
All subjects for the last two years ________________________________

Activities:
Membership and committee work in student organizations __________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Offices held _________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Other student activities _______________________________________________________

___________________________________________________________________________
Biographical Sketch:
Work experiences (list chronologically; attach separate sheet if needed): 

____________________________________________________________________

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____________________________________________________________________

Please state personal and educational objectives for your future: 

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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____________________________________________________________________

____________________________________________________________________

Indicate other assistance and/or scholarships received: 

____________________________________________________________________

____________________________________________________________________

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____________________________________________________________________

____________________________________________________________________

Please indicate your reason for requesting this scholarship: 

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

List names of who you are requesting letters of recommendation from (2 required):
1.) _________________________________________________________________

2.) _________________________________________________________________

I PLEDGE THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE TO THE BEST OF MY KNOWLEDGE.

_______________________________________________________________
Signature of Parent or Guardian (if under 18)

_______________________________________________________________
Signature of Candidate

Please return by OCTOBER 15 to:
Ohio Turfgrass Foundation | Scholarships Committee
3958 North Hampton Drive | Powell, OH 43065 | Phone: 614-285-4683 | Fax: 888.913.2309