



Ohio Turfgrass Foundation Scholarships

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. First year students are eligible and should submit a high school transcript to display scholastic achievement.

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): _____

Please state personal and educational objectives for your future: _____

Indicate other assistance and/or scholarships received: _____

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