



## AGSA - Alvin Rowledge *Bursary Award Application*

Complete application and submit along with all other documents to AGSA office **before December 31, 2021**. Incomplete applications forms and /or missing supporting documents will invalidate the applicant.

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

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

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

### EDUCATIONAL INFORMATION

1. Name of Educational Institute: \_\_\_\_\_

2. Name of Program you are registered in: \_\_\_\_\_

3. Length (years / semesters) of Program: \_\_\_\_\_

4. Years/Semesters completed to date: \_\_\_\_\_

5. Expected graduation date: \_\_\_\_\_

### EDUCATIONAL AND RELATED EXPENSES *(Please List)*

1. Tuition Fees: \$ \_\_\_\_\_ Per \_\_\_\_\_

2. Books/ Supplies: \$ \_\_\_\_\_ Per \_\_\_\_\_

3. Other Special Cost: \$ \_\_\_\_\_ \$ \_\_\_\_\_

( ie: dentist, child

support, etc. ) \$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

*Please list any other bursaries, scholarships Etc, you are currently receiving.*

\$ \_\_\_\_\_ \$ \_\_\_\_\_



### TELL US A LITTLE MORE ABOUT YOURSELF

*(Attach extra pages. Please include answers to the following and feel free to add any other information you feel may be helpful).*

1. What are your goals after graduation – short term and long term ?
  2. What are your favourite interests – hobbies, sports, etc.?
  3. Do you belong to other clubs, associations, etc?
  4. Add any additional comments that would be helpful to the selection committee.
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### APPLICATION DECLARATION

I hereby certify the information contained within this application is true and accurate to the best of my knowledge. I understand the decision made by the AGSA Board of Directors will be final. Payment will be made at the discretion of (and time determined by) the AGSA Board. The AGSA Inc. is not responsible for any other funding or payment related to the application.

The Alvin Rowledge Bursary recipients will be announced at the AGSA Annual General Meeting and published in the Turf News. **A recent photo must be provided to the AGSA Office within (2) weeks of being informed of receipt of bursary.**

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

Date: \_\_\_\_\_  
month / day / year

Forward completed application / transcripts/ letters of reference/ supporting documents to:  
**1967agsa@gmail.com**

**Alvin Rowledge Bursary**  
**Atlantic Golf Superintendents Association In**  
**133 Robin Row**  
**New Glasgow, NS**  
**B2H 5Y6**

### APPLICATION DEADLINE DECEMBER 31, 2021.

*Applications postmarked after that date will not be accepted.*