



**THE PENNSYLVANIA STATE UNIVERSITY
College of Agricultural Sciences
Department of Plant Science
GOLF COURSE TURFGRASS MANAGEMENT PROGRAM
APPLICATION FOR 2025**

Instructions: Please type or print application. Applications are currently being accepted for the Fall 2025 semester. Forward the completed application, high school transcripts, college transcripts (if applicable), and typed narrative to: Golf Course Turfgrass Management Program
16 Tyson Building
The Pennsylvania State University
University Park, PA 16802

NOTE: If the school is forwarding transcripts, be sure to give them the above address.

1. Name _____
last first middle

Home Address _____
street/RR/box

_____ city state zip

2. Email address _____ By checking this box I agree to allow Penn State to use this email address to communicate with me about this program.

3. Home Telephone Number _____
(area code)

Work Telephone Number _____
(area code)

4. High School attended: Name _____

Address _____ Final GPA: _____
street/RR/box

_____ city state zip

5. Year Graduated _____ Number in Class _____ Rank in Class _____

6. College, Junior College, or other institute of higher learning attended: (if you attended more than one institution, please include information on a separate sheet.)

Name _____

Address _____ Final GPA: _____
street/RR/box

_____ city state zip

Dates attended: _____ Major/Degree: _____

This publication is available in alternative media on request.
The Pennsylvania State University is committed to the policy that all persons shall have equal access to programs, facilities, admission, and employment without regard to personal characteristics not related to ability, performance, or qualifications as determined by University policy or by state or federal authorities. The Pennsylvania State University does not discriminate against any person because of age, ancestry, color, disability or handicap, national origin, race, religious creed, sex, sexual orientation, or veteran status. Direct all inquires regarding the nondiscrimination policy to the Affirmative Action Director, The Pennsylvania State University, 201 Willard Building, University Park, PA 16802-2801: tel. (814) 863-0471; TDD (814) 865-3175.

Penn State encourages persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact Marianne Stevens, telephone (814) 863-0129 in advance of submission of your application.

7. Indicate below where you have been employed. **LIST MOST RECENT EMPLOYMENT FIRST.** You should inform the individuals listed below that they may be contacted concerning your qualifications. Please type or print.

A. _____
place of employment
_____ business address

supervisor's name
_____ city state zip

_____ dates of employment _____ your title/position
_____ business telephone (include area code)

_____ supervisor's email address

B. _____
place of employment
_____ current business address of this supervisor

_____ supervisor's name
_____ city state zip

_____ dates of employment _____ your title/position
_____ business telephone (include area code)

_____ supervisor's email address

C. _____
place of employment
_____ current business address of this supervisor

_____ supervisor's name
_____ city state zip

_____ dates of employment _____ your title/position
_____ business telephone (include area code)

_____ supervisor's email address

9. Please list **other** additional turfgrass industry references below with complete addresses. You may attach additional references on a separate sheet if desired. Do not send reference letters with your application. You should inform the individuals listed below that they may be contacted concerning your qualifications. These references should be different than those listed above. Please type or print.

A. _____
name
_____ business address

_____ title/position
_____ city state zip

_____ company name
_____ business telephone (include area code)

B. _____
name
_____ business address

_____ title/position
_____ city state zip

_____ company name
_____ business telephone (include area code)

9. **Type** a 1-2 page narrative, on a separate sheet of paper, explaining why you would like to enroll in the Golf Course Turfgrass Management Program.

10. Applicant's Signature _____ Date _____