



British Columbia Golf Superintendents Association

1229 Lee Creek Drive Lee Creek, BC V0E 1M4
Website: www.bcgsa.com

Phone: 250-804-4973
Email: admin@bcgsa.com

Brian Finnigan Memorial Fund Application Form

Administered by the B.C.G.S.A.

Application Prerequisites:

- 1) Applicant's Superintendent must be a member in good standing in the BCGSA
- 2) Applicant must be a member of the BCGSA
- 3) Applicant must be residing in British Columbia
- 4) Applicant must have a minimum of two seasons of employment on a golf course
- 5) Applicant must have proof of enrollment in a qualified turfgrass institution
- 6) Applicant must have a report from your current Superintendent

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: Residence (____) _____ Club: (____) _____

DATE OF BIRTH: M _____ Y _____ D _____ S.I.N. _____

PRESENT EMPLOYER: _____ # OF YEARS _____

POSITION: _____

EMPLOYMENT HISTORY (GOLF RELATED)

1. _____ # OF YEARS _____

2. _____ # OF YEARS _____

ARE YOU PURSUING A _____ 2 YEAR, _____ GRADUATE, IF OTHER DESCRIBE BELOW:

PROOF OF ENROLLMENT

INSTITUTION: _____

ADDRESS: _____

_____ TEL: (____) _____

IN A BRIEF PARAGRAPH DESCRIBE WHY YOU BELIEVE THE BRIAN FINNIGAN MEMORIAL FUND SHOULD AWARD YOU A BURSARY

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 to be determined by the B.C.G.S.A. Board. The B.C.G.S.A. is not responsible for any other funding or payment to the applicant.

Signed: _____ Dated: M_____D_____Y_____

Print Name: _____

MAIL TO:

British Columbia Golf Superintendents Association
1229 Lee Creek Drive, Lee Creek BC V0E 1M4

Deadline to Apply: October 15th