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http://www.stadiummanagers.org

Stadium Managers Scholarship Application

For consideration, your application must be complete and accurate, and you must be an SMA Student Member in good standing. If you need information about student membership, please contact the office at sma@assoc-mgmt.com or 515-282-8192. Membership brochures may be downloaded at <http://www.stadiummanagers.org/membership/>

An original hard-copy of your official college transcript is required to be sent to the SMA office. The application and all other supporting documents may be submitted in an electronic format.

APPLICATION DEADLINE: April 15th

Purpose of Scholarship:

To provide tuition assistance to a graduate/undergraduate student majoring in subjects that will prepare them for a career in the Stadium Management Industry or related fields. Applicants must have completed a minimum of two years of study or be classified as a junior and must have actively performed worthy community service and have stadium-related work experience.

Selection preference will be directed toward students who have expressed a strong interest in attending graduate school to prepare for a career in Stadium Management or related fields.

To be considered, applications must include the following:

1. Official college transcripts (including most recent semester)
2. Three or more letters of reference (at least one must be from an instructor/advisor and one must be from outside the academic environment, preferably industry specific)
3. Writing sample; Submit an essay about yourself and why you are applying for this scholarship. The essay must include any future goals (minimum of 250 words and a maximum of 500 words).
4. Resume
5. Completed application form

PERSONAL INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

Name of Parents or Guardians (Optional): _____

Complete Address: _____

Telephone: _____

Email: _____

ACADEMIC INFORMATION

A. My application for this scholarship is for the purpose of attending (check one):

College Graduate School

B. College attended or currently attending (if any):

Name: _____

Address: _____

Major field of study: _____ G.P.A.: _____

Year Classification (circle one): 1 2 3 4 5

C. College or university which you will attend next year (if different from current school):

Name: _____

Address: _____

FINANCIAL INFORMATION

Projected College or University expenses for next year:

Tuition: \$ _____ Room & Board: \$ _____ Fees: \$ _____ Books: \$ _____

Other Expenses (please specify): _____

Total Projected College Expenses \$ _____

List any other awards that you will receive or will be recognized for:

(please check one for each award listed)

Award	Applied for	Received	Amount
1) _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2) _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3) _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4) _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5) _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Total Awards \$ _____

I hereby verify that all financial information included in this application is true and accurate.

Name _____ Date _____

WORK HISTORY

Please list information on your current and past employment, if any.

Name of current employer and/or internship supervisor: _____

Complete Address: _____

Your position/title: _____

Dates of employment: _____

Please list all other applicable industry experience _____

I verify that all information included in this application is true and accurate.

Name: _____ **Date:** _____

Send your completed application to:
Attention: Scholarship Committee Chairperson
Stadium Managers Association
525 S.W. 5th Street • Suite A
Des Moines, IA 50309-4501
or:
sma@assoc-mgmt.com

THANK YOU FOR YOUR INTEREST IN THE STADIUM MANAGERS SCHOLARSHIP.