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**Turface Athletics Terry Mellor Continuing Education Grant presented by SAFE**

**Criteria for Consideration**

* Person making nomination must be an SFMA National Member
* Nominee must be a National SFMA member **OR** a member of an SFMA Affiliated Chapter
* The Continuing Education Grant is intended to be used to attend the SFMA National Conference held each January
* Self nominations are **not** permissible
* SFMA will provide free conference registration to the winner of this Grant

**About Terry Mellor**

This award  serves as a remembrance of Terry Mellor, brother of long time professional groundskeeper David R. Mellor. David is currently Director of Grounds with the Boston Red Sox. This scholarship is in keeping with the commitment to professional development through continuing education, a philosophy shared by the Mellor brothers and TURFACE Athletics®.

**Nomination Form**

Please complete this form by **October 15** for your nominee, write an accompanying letter of recommendation, and return both items to:

**SFMA/SAFE Scholarship Committee**

**SFMAInfo@SportsFieldManagement.org.**

I recommend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (nominee) to receive the Turface Athletics Terry Mellor Continuing Education Grant presented by SAFE.

**Here are some potential topics to be addressed in your letter of recommendation for the nominee:**

* What makes this person deserving of this award? Why are you nominating this person?
* How do you see this person utilizing what they learn in their continuing education endeavors?
* Do you feel that this person would be good serving on local chapter leadership or a national SFMA committee?
* Other characteristics that this person exhibits including potential for success in the sports field profession, his/her attitude, character, job interest, integrity, etc.
* Please include information on the nominee’s place of employment and their position and responsibilities there

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_