

WSGA Scholarship Application Form

PART I

Name _____
Last First Middle

Home Address _____
No. Street

City State Zip

Home Telephone _____

Email _____

Date of Birth _____ **Place of Birth** _____
Day Month Year City State

U S Citizen Yes _____ No _____

Father or Guardian _____
Last First Middle

Occupation _____

Name of Father's Firm or Company if self employed _____ **Position** _____

Mother or Guardian _____
Last First Middle

Occupation _____

Brothers' Names _____ **Ages** _____ **Check if attending college**

Sisters' Names _____

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

PART II

College or University you wish to attend _____

Annual tuition and fees _____

Annual room and board (on campus) _____

Have you applied? _____ Have you been accepted? _____

Field of Study you wish to pursue _____

Are you receiving a college scholarship next year? Yes _____ No _____

if so, please answer the following questions:

1. What type of scholarship will you be receiving? (academic, athletic, etc.) _____

2. If athletic, is it Division I or Division II? _____

3. Is it a full or partial scholarship? _____

4. Annual amount of your scholarship? _____

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PART III

Please write a 200 word personal statement explaining your goals for college and your future.

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PART IV

High School _____ Principal _____

School Address _____
Street or Box No. City State Zip

Telephone No. _____

Rank in Class _____ ACT or SAT scores _____

Academic Clubs _____

Academic Awards _____

High School Offices Held _____

Community Activities _____

Golf and Other Athletics _____

Have you been on a High School Golf Team? _____ Years _____

Average Score or Handicap? _____

What golf events have you played in (local, high school, State and National) _____

Please use a separate page if more room is needed

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PART V

The information provided in this application to my knowledge is true and correct. My name and photo may be used in WSGA publications/website if selected as a recipient for this scholarship.

Signature of Applicant

Date ____/____/____

Print Name

PART VI *To be filled out by parent or guardian.*

- 1. Parents' estimated total income (wages, dividends, interest, etc.)
for the previous year _____
- 2. Parents' estimated taxable income for the previous year _____
- 3. Home equity (value of home minus unpaid mortgage balance) _____
- 4. Other real estate equity _____
- 5. Value of business or farm (total worth of your share minus indebtedness) _____
- 6. Cash, savings accounts, checking accounts _____
- 7. Other investments _____
- 8. Student's assets (including savings accounts, checking accounts
investments, etc) _____
- 9. Student's veterans' benefits, Social Security benefits _____
- 10. Are parents separated or divorced? Yes _____ No _____
If so, are both parents contributing to college expenses? Yes _____ No _____
If yes, answers to questions 1-8 above must include both parents.

As parent or guardian, I acknowledge the information provided above is true and correct.

Signature of Parent or Guardian _____

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