



### SCHOLARSHIP FOR MEMBERSHIP APPLICATION

Please complete the below application and mail or email to the GSGA office along with a complete copy of your most recent federal tax return (IRS FORM 1040, including all schedules). Applications for financial assistance that do not include a complete copy of your tax return will not be considered. You may use the back of this page (or another page) to complete the questions below.

#### Junior Golfer Information

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_      MALE  FEMALE       DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_      GRADE LEVEL: \_\_\_\_\_      GPA: \_\_\_\_\_

SCHOOL ACTIVITIES: \_\_\_\_\_

COMMUNITY/OTHER ORGANIZATIONS ACTIVE IN: \_\_\_\_\_

\_\_\_\_\_

GOLF EXPERIENCE (LESSONS, CLINICS, TOURNAMENTS ETC.): \_\_\_\_\_

\_\_\_\_\_

DESCRIBE HOW YOU BECAME INTERESTED IN GOLF: \_\_\_\_\_

\_\_\_\_\_

WHAT DO YOU EXPECT TO GAIN BY PARTICIPATING IN GEORGIA JUNIOR GOLF: \_\_\_\_\_

\_\_\_\_\_

#### Parent/Guardian Information

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Number of Dependents: _____  Number of Dependents Participating: _____
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