



The New York State Golf Association Foundation, Inc.

# Scholarship Fund

## Application for Financial Need Scholarship Due Wednesday, July 9, 2019

### Who May Apply

1. To be eligible, a candidate must have worked a minimum of one seasons in "**service to golf**" at an NYSGA member club. This includes those individuals who work either in the golf shop, bag room, caddieing, or on the golf course superintendent's crew. Also eligible are junior golfer who compete in NYSGA competitions.
2. A candidate must establish financial need by submitting copies of the FAFSA (Free Application for Federal Student Aid), SAR (Student Aid Report), parents' and personal income tax returns, and financial aid decisions.
3. A candidate must have applied to or attend a university, college, or accredited trade school, and must demonstrate scholastic ability by submitting SAT/ACT scores and high school and/or college transcripts. Graduate students are not eligible to apply.

### Instructions

1. Complete this application (type or print in ink) and return to the NYSGAF Scholarship Fund no later than July 9, 2019. You will receive a letter from the NYSGA Scholarship Fund office confirming receipt of your application.
2. To complete this application, it will be necessary to submit the following supporting documents:
  - a. High School transcript and SAT/ACT scores
  - b. College transcript (if applicable)
  - c. Copy of SAR – result of FAFSA with EFC (Expected Family Contribution) number
  - d. Copy of applicant and family's most recent Income Tax Return
  - e. Copy of financial aid award letter from college (i.e., grants, loans, work study, etc.)
  - f. Other scholarship information (if applicable)

### General Information

The due date for the application and required supporting documents is July 9, 2019 (late applications will be not be considered. Scholarships will be awarded on or shortly after July 22, 2019.

Scholarship awards, which currently range from \$500 to \$3,000, will be issued each semester to the recipient's college. Successful completion of at least twelve credit hours per semester or twenty-four per year with a minimum GPA of 3.0 is required for continued eligibility.

**Personal Information**

1. Student Name: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_

3. Home Address: \_\_\_\_\_  
Number and Street Apt./Floor City State Zip Code

4. Home Telephone #: \_\_\_\_\_ 5. Cell Phone #: \_\_\_\_\_

6. Email: \_\_\_\_\_ 7. School Email (if known): \_\_\_\_\_

8. SS#: \_\_\_\_\_ 9. Are you a U.S. Citizen? Yes [ ] No [ ] 10. If No, Status: \_\_\_\_\_

11. High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
Name City, State

12. State briefly your participation in student athletic and non-athletic activities. Attach additional page if needed.

\_\_\_\_\_

**Family Information**

12. Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
*(if deceased, please state)*

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

13. Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
*(if deceased, please state)*

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

14. Candidate resides with (check all that apply):

Father  Mother  Stepfather  Stepmother  Other: \_\_\_\_\_

15. Please list siblings and where they are attending school.

Name	Age	High School or College Name	Location	Grad. Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. List any private/social clubs that your family belong to \_\_\_\_\_

17. Have any other household members received, or are currently receiving a NYSGA Scholarship? Yes [ ] No [ ]

If so, please list their name, school and year: \_\_\_\_\_

**School Information**

To be eligible for a scholarship, you must currently be attending or planning to attend a college, university or accredited trade school. Graduate students are not eligible to apply. Please indicate you college preferences and application status.

18. Please list the colleges or universities where you are seeking admission (in preferred order):

Preference	University, College, or Trade School Name	Applied	Accepted	Committed
1 <sup>st</sup> Choice	_____	<u>Yes / No</u>	<u>Yes / Pending</u>	<u>Yes / No</u>
2 <sup>nd</sup> Choice	_____	<u>Yes / No</u>	<u>Yes / Pending</u>	<u>Yes / No</u>
3 <sup>rd</sup> Choice	_____	<u>Yes / No</u>	<u>Yes / Pending</u>	<u>Yes / No</u>

19. Indicate the subject(s) or profession in which you wish to specialize: \_\_\_\_\_

**For NYSGA Member Club Employees**

20. Club Name: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

From Years \_\_\_\_\_ to \_\_\_\_\_ 24. Hours Per Week (Approx.): \_\_\_\_\_

Indicate any recognition, awards or honors: \_\_\_\_\_

21. Club Name: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

From Years \_\_\_\_\_ to \_\_\_\_\_ 24. Hours Per Week (Approx.): \_\_\_\_\_

Indicate any recognition, awards or honors: \_\_\_\_\_

22. Club Endorsement for NYSGA Member Club Employees

I hereby certify that the candidate has served a minimum of one season working in service to golf.

\_\_\_\_\_  
Name of Club

\_\_\_\_\_  
Signature of Manager\* (Golf Professional, Superintendent, or Caddie Master)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\*If your club is closed, submit the application and ask your club to send a written endorsement for you as soon as possible.

**For NYSGA Junior Golfers**

23. Club or Golf Course Affiliation: \_\_\_\_\_ 23. Number of Years Playing: \_\_\_\_\_

24. Please provide information on competitive play at the following levels:

NYSGA: \_\_\_\_\_

Regional Associations: \_\_\_\_\_

Other: \_\_\_\_\_

**References**

Please provide two personal references (not related to you) who are mature persons, have known you for several years, and are of good standing in the community.

Name	Number and Street	City	State	Zip Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Parent/Guardian’s Endorsement**

As the \_\_\_\_\_ of this applicant, I hereby declare:

- 1. That the estimated dollar amount I/we expect to contribute to the applicant’s annual cost of school is \$\_\_\_\_\_.
- 2. That I have read this application for a NYSGA Scholarship as filled out by the applicant.
- 3. That the answers given are true and correct.
- 4. That I approve this application for scholarship aid.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant’s Endorsement**

I declare that the answers given in this application are true to the best of my knowledge.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Remarks:** Use this space to provide any other information that may be helpful in the review of your application.