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: ___________________________  
   (if deceased, please state) 
   Email: ____________________________________ 
   Occupation: ________________________________  
   Employer: _________________________________ 
13. Mother’s Name: ___________________________  
   (if deceased, please state) 
   Email: ____________________________________ 
   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):

<table>
<thead>
<tr>
<th>Preference</th>
<th>University, College, or Trade School Name</th>
<th>Applied</th>
<th>Accepted</th>
<th>Committed</th>
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</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Choice</td>
<td>_________________________________</td>
<td>Yes / No</td>
<td>Yes / Pending</td>
<td>Yes / No</td>
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<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Choice</td>
<td>_________________________________</td>
<td>Yes / No</td>
<td>Yes / Pending</td>
<td>Yes / No</td>
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<td>3&lt;sup&gt;rd&lt;/sup&gt; Choice</td>
<td>_________________________________</td>
<td>Yes / No</td>
<td>Yes / Pending</td>
<td>Yes / No</td>
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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

   ____________________________

   ____________________________

   ____________________________

   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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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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.