



RENEWAL

WSCGA Foundation, Inc. Scholarship Application

ELIGIBILITY REQUIREMENTS: Applicant: (1) must be a Southern California resident, (2) must be enrolled as a full-time student, defined as one who is taking 12 or more hours in a course of study leading to an Associate or Baccalaureate degree at an accredited college or university in the United States, (3) must be female, (4) shall have a 2.5 grade point average or better, (5) must play golf.

Please type or print legibly the following information:

First Name	Middle Initial	Last Name		
College Address	City		State	Zip Code
College Telephone Number		College Email Address		
Permanent California Address	City		State	Zip Code
Name of College/University			Student ID Number	
Social Security Number	Birth Date		Home Telephone Number	
Home Golf Course			Telephone Number	
Parent or Guardian Name			Telephone Number	
Parents' Home Address (if different)	City		State	Zip Code

Please supply the specific address of the financial aid office at the college or university and a contact person at that office:

Address of Financial Aid Office	Contact

Indicate the degree/discipline you are pursuing: _____

Is this a change? Yes No

Anticipated graduation date: _____

Tell us about your college experiences for the past year.

What special awards or recognition have you received?

List activities in which you have taken part as a representative of your school or offices you have held in student organization. Comment on any special achievements, awards or recognition you have received.

List community or other organizations not connected with golf or school, in which you have been active and indicate positions you have held.

List your hobbies and/or work experience. Include sports other than golf.

Briefly describe your golf-related experiences.

Have you received other scholarship awards?

Yes

No

If **YES**, please name the scholarship(s) and their value:

FINANCIAL INFORMATION

Father's Occupation: _____

Mother's Occupation: _____

Number of siblings at home: _____

Number of siblings at college: _____

Indicate annual household income (please check box below):

\$25,000 or below

\$50,000-\$75,000

Over \$100,000

\$25,000-\$50,000

\$75,000-\$100,000

The information in this application is true and accurate to the best of my knowledge and belief. I have included my most recent official high school or college transcript.

Applicant's Signature

Date

Please submit an essay of no more than 1,000 words on why you selected your major as indicated on Page 1. Describe your relevant academic and professional experience to date as well as your interests, inspiration and experiences that have influenced your desire to study and work in this field. Address how golf and other sports (if applicable) will remain an integral part of your undergraduate experience.

Send completed application, typed essay and applicant photograph by May 15 of current year to:

**WSCGA Foundation
Attn: Scholarships
402 West Arrow Highway, Suite 10
San Dimas, CA 91773**

If you have any questions, please contact the WSCGA Foundation office at (909) 592-1281, extension 212, or via email at info@wscgafoundation.org