



WSCGA Foundation, Inc.

Scholarship Application

Please type or print legibly the following information:

First Name	Middle Initial	Last Name		
Home Address	City		State	Zip Code
Social Security Number	Birthdate	Telephone Number		
Email Address				
Home Golf Course			Telephone Number	
Parent or Guardian Name			Telephone Number	
Parents' Home Address (if different)	City		State	Zip Code

Give the name and address of colleges or universities to which you have applied for admission and indicate whether or not you have been accepted:

Name and Address of College/University	Have you been accepted?*
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Yet
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Yet
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Yet

Indicate the degree/discipline you intend to pursue: _____

*If you are currently enrolled, please include transcript of grades for academic year most recently completed.

List any high school(s) and colleges/universities attended:

Name & Address of High School/College/University	Entry Date	# of Years Attended	Graduation Date*

*If pending, please indicate the date you expect to graduate. If a college/university, please indicate the degree you will receive.

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.

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 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.