

# FORT WORTH PAN AMERICAN GOLF ASSOCIATION SCHOLARSHIP APPLICATION

**TYPE OR PRINT IN INK:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Social Security No: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_

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Parents Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Father's ccupation/Title: \_\_\_\_\_  
Mother's Occupation/Title: \_\_\_\_\_  
No. of Children in the family: \_\_\_\_\_ No. of Children attending School: \_\_\_\_\_  
Total Family Income (Check One):  
\_\_\_ \$5,000 - \$10,000 \_\_\_ \$10,001 - \$20,000 \_\_\_ \$20,001 - \$30,000 \_\_\_ \$30,001 - \$40,000 \_\_\_ Above \$40,000

**IF NECESSARY, PLEASE USE ADDITIONAL PAPER TO ANSWER QUESTIONS:**

Extracurricular activities in high school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes offices held, honors, awards, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your own words explain why you want to continue your education? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you need financial aid to continue your education? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied for college aid? \_\_\_\_\_ Date Received: \_\_\_\_\_  
Type of assistance received: \_\_\_\_\_ Amount Received: \_\_\_\_\_

**CHOICE OF INSTITUTION OF HIGHER EDUCATION**

College or University: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**APPLICANT AGREEMENT:**

I understand that I must enroll as a full-time student to be eligible to receive a scholarship. If selected to receive a scholarship. I understand that I must maintain a "C average (2.0) for the first semester to be eligible for any balance of the scholarship in the following semester. I further agree to furnish the Fort Worth PAGA Chapter Scholarship Chairman a copy of my first college or university Transcripts.

Applicant Signature \_\_\_\_\_ Application Date: \_\_\_\_\_