

**Gene Thorp, Fred Parkinson, Don Kazda RMGA Member Scholarship**

*Application Due Date: APRIL 15th of graduating year*

*Please Submit To:* [*scholarships@golfRMGA.org*](mailto:scholarships@golfRMGA.org?subject=RMGA%20Members%20Scholarship) *or mail to:* *Jim Crawford*

*384 E Samuelsen Dr*

*Edgerton, WI 53534*

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| --- | --- | --- | --- |
| **Graduation Date:** |  | **High School:** |  |
| **Student Name:** |  | **Email Address:** |  |
| **Address:** |  | **Telephone:** |  |
| **Gender:** |  | **Age:** |  |
| **Cumulative GPA:** |  | **Class Rank:** |  |

|  |  |
| --- | --- |
| **Father’s Name:** |  |
| **Father’s Occupation:** |  |
| **Mother’s Name:** |  |
| **Mothers Occupation:** |  |
| **Family Income:** |  |

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| --- | --- | --- | --- |
| **Number of Children in Family:** |  | **Number in College:** |  |
| **Your Rank in Family (Don’t Include Parents):** |  | | |

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| --- | --- | --- | --- |
| **Do You Hold a Job?** | **Yes No** | **Place of Employment:** |  |

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| --- | --- |
| **School You Will Attend Next Fall:** |  |
| **Major or Program of Study:** |  |
| **Have You Been Officially Accepted?** | **Yes No** |

**THE FOLLOWING ATTACHMENTS MUST BE INCLUDED:**

1. **Career Plan** (What do you want to do in the future?)
2. **Financial Need Statement** (How will this scholarship help you?)
3. **Transcript** (Applicant will provide)

**Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**