

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

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

*Please Submit To:* *scholarships@golfRMGA.org* *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:** |  |

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

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

|  |  |
| --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**