

# Pan American Golf Association of Fort Worth

## Scholarship Application

### Eligibility Requirements:

- Applicants must be sponsored by a current PAGA member.
- Applicants must be a current High School graduate with a GPA of 2.5 or higher.
- Returning College Applicant must be a full-time student with a GPA of 2.5 or higher.
- Transcript must be included to complete the application.
- Reference letter must be included with the application (may not be from a relative)
- Applicants must submit a GPA trajectory for the **past 4 semesters** for college applicants.
- Past Scholarship Recipient(s) may apply for another scholarship.
- Applicant agrees to volunteer for PAGA by participating in at least (1) Pan American Event within 12 months of receiving the applicant.

**Completed application must be emailed no later than April 30th of the calendar year.**

Email the **COMPLETED** application and supporting documents to the Scholarship Committee Chairperson at [Thomas.alonzo062@gmail.com](mailto:Thomas.alonzo062@gmail.com)

**Please type or print in black ink.**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

High School: \_\_\_\_\_ City: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_ Rank: \_\_\_\_\_

**Marital Status:** Single \_\_\_ Married \_\_\_ Head of Household \_\_\_ Living with Parents \_\_\_

Father/Spouse Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother/Spouse Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of Children in Family: \_\_\_\_\_

Children Attending College: \_\_\_\_\_

Total Family Income (yearly amount) \$ \_\_\_\_\_

**Applicants MUST BE sponsored by PAGA MEMBER for Scholarship consideration.**

Name of PAGA member: \_\_\_\_\_

Name of PAGA chapter: \_\_\_\_\_

Extracurricular Activities/Community Service:

\_\_\_\_\_  
\_\_\_\_\_

Offices Held, Honors, Awards, etc: \_\_\_\_\_

\_\_\_\_\_

Have you applied for college financial aid? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Type of Assistance: \_\_\_\_\_

Choice of College/University: \_\_\_\_\_

**On a separate piece of paper, please answer the following questions in approx. 250 words:**

1. Why do you wish to continue your education?
2. Why is financial aid needed to continue your education?

**Applicant Agreement:**

I, \_\_\_\_\_ understand that I must enroll in an accredited college, university, or trade school to be eligible for this scholarship. If selected to receive a PAGA Scholarship, I must furnish proof of enrollment and necessary documentation for PAGA to disperse funds directly to the institution.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Selection Process:**

- The Scholarship Committee will select the recipient(s) and each recipient will be officially notified through email in May of the calendar year.
- Treasurer will send scholarship monies directly to the recipient's college, or university.
- Awardees will be invited to the Scholarship Awards presentation at a date and time TBD.

Scholarship Committee Chairperson may be reached at:  
(682) 715-4998 or at [Thomas.alonzo062@gmail.com](mailto:Thomas.alonzo062@gmail.com)