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## SCHOLARSHIP APPLICATION

## Due Wednesday, May 23, 2018

ELIGIBILITY REQUIREMENTS

1. An applicant must be a young woman who has exhibited an interest or association with the game of golf.
2. An applicant must establish financial need by submitting copies of the FAFSA (Free Application for Federal Student Aid), SAR (Student Aid Report), her parent’s and her personal income tax returns, and financial aid decisions.
3. An applicant must have applied to or attend a university, college or accredited trade school.
4. An applicant must demonstrate scholastic ability by submitting SAT and/or ACT scores and high school and/or college transcripts.
5. An applicant must be of outstanding character, integrity and leadership.
6. An applicant must reside in the area covered by the Women’s Metropolitan Golf Association. That area is within a 60 mile radius of Columbus Circle in NYC and the entirety of Long Island.
7. An applicant must be available for a personal interview with a member of the Foundation Board.

INSTRUCTIONS

1. Fill out this application form and return it to the WMGA Foundation, 49 Knollwood Road, Elmsford, NY 10523, **no later than Wednesday, May 23**. You will receive a letter from the Foundation confirming receipt of your application.
2. Attach the following supporting documents to this application form:
	1. High School transcript.
	2. SAT and/or ACT scores.
	3. College or trade school transcript (if applicable).
	4. Copy of FAFSA filed with the Federal Student Aid Programs \*
	5. Copy of SAR – result of FAFSA with EFC number.
	6. Copy of the first two pages of applicant’s and her family’s most recent Federal Income Tax Return (showing total gross income and signature page).
	7. Copy of financial aid decisions – i.e., grants, loans, work study, etc. (as soon as you receive them.)

\* Please file the FAFSA as soon as you can after January 1. Once processed, you will receive the SAR in six weeks. The FAFSA may be obtained from high school guidance office, college financial aid office, website [www.fafsa.ed.gov](http://www.fafsa.ed.gov), or call 800-4 FED AID.

GENERAL INFORMATION

The due date for all applications is May 23. If the application is not received at the WMGA Foundation office by May 23, it cannot be considered, but may be resubmitted for consideration in the following year. Applications are reviewed in May and June, and scholarships are awarded in July.

Each scholarship is applicable to tuition, room and board, incidental fees, and books. The scholarship is awarded for a specified number of semesters that is determined by the WMGA Foundation selection committee. The scholarship is subject to the student’s continuation in school and to the continuation of the student’s financial need. If a recipient does not enter school within one year of receiving an award, or leaves school at any time thereafter, any scholarship award may be canceled and the applicant may need to reapply for further assistance. Scholarship awards are made payable to the student; however, the student’s academic verification and school transcript must be submitted in a timely manner to the Foundation each semester or the applicant will forfeit the award. Any scholarship payments not used in a manner consistent with the terms of the scholarship award are to be returned to the Foundation. All information received by the Foundation will be kept confidential.

**TELL US ABOUT YOURSELF: (Type or Print in Ink)**

Name of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

 Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number and street Apt/Floor City State Zip Code

Home phone # ( ) \_\_\_\_\_\_\_\_\_\_\_ Cell phone # ( ) \_\_\_\_\_\_\_\_\_\_\_ E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the High Schools you have attended:

 Date Date Diploma or Reason for leaving

Name and Location Entered Left Degree received If other than graduation

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

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State briefly your participation in secondary school student athletic and non-athletic activities and clubs. Indicate any elective offices held. (Attach additional page if needed.)

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What college or university or trade school will you attend? (If you have one or more schools, list those schools in order of preference – list school names and indicate the date your application was filed.)

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Indicate type of studies: Trade school [ ] Undergraduate [ ] Graduate [ ]

Indicate the subject(s) in which you plan to specialize: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the professions you think you might be interested in pursuing upon graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you are already enrolled in a college, university or trade school, please state briefly your participation in any

athletic or non-athletic activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HELP US GET TO KNOW A BIT MORE ABOUT YOU:**

Give two personal references (not related to you) that are mature persons and have known you for several years. For example, a reference might be a teacher, coach, counselor, employer, etc.

Name Address (number and street) City State Zip Code

Note: Each of your references must write a letter of recommendation for you. In that letter, he or she should also indicate how they have come to know you. Please return each reference in a **sealed** envelope with your application.

Tell us briefly about your golfing activities and/or your association with golf:

Write a brief paragraph below explaining what golf or your association with golf has meant to you:

Remarks: (Please add any additional information that may be helpful. Attach additional pages if needed.)

**TELL US ABOUT YOUR FAMILY:**

Father’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s employer: Mother’s employer:

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

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

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

Residence: Do your parents [ ] Own ***or*** [ ] Rent

List clubs you or your parents belong to – private/social:

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

Percentage of your total college expenses your parents will pay \_\_\_\_\_\_\_\_\_\_\_%

Number of brothers and sisters \_\_\_\_\_\_\_\_ Ages of brothers and sisters \_\_\_\_\_\_\_\_\_\_\_

 Number in college \_\_\_\_\_\_\_\_\_\_ Number graduated college \_\_\_\_\_\_\_\_\_

Has any member of your family received a WMGA Scholarship? [ ] Yes [ ] No

 If yes, please list name, school and year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### PARENT’S/GUARDIAN’S ENDORSEMENT:

As the [ \_\_\_\_ father] [ \_\_\_\_ mother] [ \_\_\_\_ guardian] of the applicant, I hereby declare that the estimated

dollar amount I (we) expect to contribute to the applicant’s annual cost of school is $ \_\_\_\_\_\_\_\_\_\_\_\_\_, and that:

1. I have read the foregoing application for a WMGA Scholarship as filled out by the applicant.
2. That the answers given are true and correct.
3. That I approve this application for scholarship aid.

Parent’s/Guardian’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT’S DECLARATION:**

### I declare that the answers given in this application for a WMGA Scholarship are true to the best of my

### Knowledge. Applicant’s signature (in Ink) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Reminder – Please remember to attach the following supporting documents:

High School transcript.

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Two letters of recommendation – each in a sealed envelope.