



Irving Pan American Golf Association Scholarship Application

Please type or Print

Name: _____ SS#: _____ Sex: _____ Age: _____

Address: _____ City: _____

State/Zip: _____ Phone #: _____ Date of Birth: _____

High School: _____ Date of Graduation: _____ GPA: _____

Parents _____ Fathers _____

Address: _____ Occupation/Title: _____

Number _____

of Children _____

in Family: _____ Attending School: _____ Mother's _____

Are your parents presently members of Pan American Golf Association: Yes _____ No _____

Total Family Income (check one): _____ \$5,000-\$10,000 _____ \$10,000-\$20,000 _____ \$20,000-\$30,000

_____ \$30,000--\$40,000 _____ Above \$40,000.

Extra Curricular activities in high school: _____

Note offices held, honors, awards, etc. _____

Have you applied for college financial aid: _____ Type of Assistance: _____

In your own words, explain why you wish to continue your education: _____

Why do you need financial aid to continue your education: _____

Choice of College: _____ City: _____

Signature of applicant: _____ Date: _____

APPLICANT AGREEMENT:

I understand that I must enroll as a full-time student to be eligible for this scholarship. If selected to receive this scholarship, I understand that I must maintain a "C" average (2.0) for the first semester to be eligible for any balance of the \$1,000.00 Scholarship for the following Semester. I further agree to furnish the Scholarship Chairman with a copy of my first college transcript.