

Tarheel Golf Foundation Junior Scholarship Form

(Please print clearly)

Name of Applicant _____ Social Security Number _____

Address _____

Street City/State/Zip Code _____

Email: _____ Telephone (_____) _____ DOB: _____ Citizenship: _____

Family Income: _____ (Family income must not exceed \$89,000), (If more than one child competing then must not exceed \$110,000.)

EDUCATIONAL BACKGROUND OF PLAYER

School Name _____ Grade _____

Address _____

Street City/State/Zip Code _____

Guidance Counselor _____ Telephone (_____) _____

Cumulative grade point average _____

List Record of Junior Golf Program Participation/ Year/ Skill Level/ Site/ Coach

List extracurricular & community service activities in which you have participated

List Special Awards you have received

Have you ever received any National, Section or State support in the form of a scholarship before now?

Yes ___ No ___

If yes, when did you receive the award(s)?

Award(s) Name _____

Name of Golf Program /Facility _____

Program Director: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I declare that the information reported on this application form to the best of my knowledge and belief, is true, correct and complete.

Applicant's Signature _____ Date _____

Parent's or Guardian's Name (printed) _____

Parent's or Guardian's Signature _____ Date _____

Completed by _____ Date _____

Golf Coach's Recommendation

Name of Student: _____

The above student is applying for a Tarheel Golf Scholarship.

Your candid evaluation of the applicant will be of assistance to the Tarheel Golf Foundation Board of Directors. Please complete the following, and if possible, attach a letter on behalf of the applicant. This form should be signed, sealed with your signature over the envelope seal, and mailed or returned to the applicant.

The applicant must return this form to:

Tarheel Golf Foundation, Inc
13200 Strickland Road, Suite 114-280
Raleigh, NC 27613

The applicant's coach must complete this section.

Name of person completing this form: _____ Date: _____

Position/title/Email Address: _____

Name of program/facility _____

Name of Program Director: _____

Address _____ Street City/State/Zip _____

How long and in what capacity have you known the applicant?

Please rate your recommendation of the candidate for a Tarheel Golf Foundation Scholarship by checking one of the following:

_____ I strongly recommend _____ I recommend _____ I do not recommend

Date _____ Signed _____

Thank you for your cooperation and effort in completing this evaluation form. Please return this form directly to the applicant. The applicant must return this form to the Tarheel Golf Foundation.