



**THE PGA WEST EDUCATION FUND  
Application for Scholarship  
Deadline: January 31, 2020**

**PLEASE PRINT OR TYPE: CHECK ONE**

- Employee: First Time Applicant**       **Employee: Renewal Applicant**
- Dependent Child: First Time Applicant**     **Dependent Child: Renewal Applicant**

**I. APPLICANT INFORMATION:**

**Employee Name:** \_\_\_\_\_

**Dependent Child Name (if applicable):** \_\_\_\_\_  
Last First Middle

If you are applying as the dependent child of an employee, provide proof of dependent relationship (first page of the IRS tax form or copy of birth certificate).

**Address:** \_\_\_\_\_  
Number Street Apt. City State Zip Code

**E-mail Address:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_  
**Cell Phone #:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**\*\*\*** *On a separate piece of paper, please explain your goals for your future and how you plan to use this scholarship.*

**II. EDUCATION INFORMATION:**

**A transcript, copy of High School Diploma, or GED certificate must be attached to this application. An unofficial High School transcript or most recent college transcript is acceptable for this application.**

**Name of High School (OR date of GED completion):** \_\_\_\_\_

**Name of college, if currently enrolled** \_\_\_\_\_

## Intended Education Program

**Vocational/Trade School (attach transcript if this is a scholarship renewal application)**

Name of School: \_\_\_\_\_

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

Name of Program/Vocation/Trade: \_\_\_\_\_

Length of Program/Vocation/Trade: \_\_\_\_\_

Cost of Program (tuition, fees, books): \_\_\_\_\_

**Community College (attach transcript if this is a scholarship renewal application)**

Name of school: \_\_\_\_\_

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

Cost of Program (tuition, fees, books): \_\_\_\_\_

**University/College (attach transcript if this is a scholarship renewal application)**

Name of school: \_\_\_\_\_

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

Cost of Program (tuition, fees, books): \_\_\_\_\_

**Graduate School (attach proof of enrollment or transcript if this is a scholarship renewal application)**

Name of school: \_\_\_\_\_

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

Cost of Program (tuition, fees, books): \_\_\_\_\_

### III. FINANCIAL INFORMATION

Have you applied for and/or received other scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the names of every Scholarship applied for or awarded and the amounts awarded.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please indicate the amount of your EFC (Estimated Family Contribution) as determined by the Student Aid Report (SAR)\$ \_\_\_\_\_

Submit a copy of the page from the Student Aid Report (SAR) that indicates your Estimated Family Income Contribution

### FINANCIAL NEED

Please describe any unusual or difficult family/personal circumstances (if applicable)



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## Application Package Checklist

### New Applicant

### Renewal Applicant

<input type="checkbox"/> Scholarship Application Form/Statement of goals	<input type="checkbox"/> Scholarship Application Form
<input type="checkbox"/> Transcript, copy of High School Diploma, or GED Certificate (Proof of high school graduation) for high school senior applicants	<input type="checkbox"/> Current college transcript
<input type="checkbox"/> Copy of the Student Aid Report (SAR) that indicates the Estimated Family Contribution (EFC)	<input type="checkbox"/> Copy of the Student Aid Report (SAR) that indicates the Estimated Family Contribution (EFC)
<input type="checkbox"/> Proof of Dependent relationship (first page of tax form or copy of birth certificate)	<input type="checkbox"/> One page narrative on your progress to date in College (achievements, challenges, etc.)
<input type="checkbox"/> One letter of recommendation for dependent children OR One for employee – <b>For First Time Applicants Only</b>	