

THE PGA WEST EDUCATION FUND Application for Scholarship Deadline: January 31, 2021

PLEASE PRINT OR TYPE: CHECK ONE

☐ Employee: First Time Applican			t Employee: Renewal Applicant				
☐ Dependent Child: First Time Applicant ☐ Dependent Child: Renewal Applicant							
I.	APPLICAN	T INFORMATIO	N:				
Empl	loyee Name: _						
If you	ı are applying a	me (if applicable): as the dependent change of the IRS tax for	ild of an er	nployee,	provide proof	of dependent	Middle
Addre	ess: Number	Street Apt.	City		State		Zip Code
E-mail Address:				Hoi	me Phone #:		
E-mail Address: Cell Phone #:				N	/Iale	Female_	
**: plan	*On a separate to use this scho	e piece of paper, pl plarship.	ease expla	in your ş	goals for your j	future and ho	ow you
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	e of High Schoo	ol (OR date of GED	completion	on):			
Name	e of college, if a	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):
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)

IV. STUDENT EMPLOYMENT INFORMATION							
Present Employer (if any):							
Name:							
Address:							
Do you intend to work while attending college?YesNo							
V. LETTER OF RECOMMENDATION (NEW APPLICANTS ONLY): Employees: Submit one letter of recommendation from any individual other than a family member or a club member.							
<u>Dependent Children of Employees:</u> Please attach one letter of recommendation from individuals other than family members or club members.							
VI. APPLICANT CERTIFICATION I certify that the information provided in this application and attachments is complete and accurate to the best of my knowledge. I understand that the contents of this application will be shared with appropriate Review/ Approval Committees. If I am awarded a scholarship, it will be used solely to support educational purposes and that information about me may be released for publicity purposes.							
Printed Name:							
Signature: Date:							
VII. GENERAL MANAGER CERTIFICATION I certify that the applicant is, or is the Dependent Child of, a PGA West employee who meets the 1,000 hours minimum number of hours worked in each of the past two years.							
Signature Date							

Please submit your application to Denisha Shackelford at dshackelford@iegives.org

Application Package Checklist

New Applicant

Renewal Applicant

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