

Lake of the Ozarks Jr. Golf Scholarship Program

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Birthdate _____

Parents or Guardian Name _____

Occupation _____ Employer _____

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Number of Children under 21 in your family _____ Total number of people living in the home _____

Number of Children currently enrolled in college or higher education _____

Are you receiving any other scholarships? _____ if yes please specify _____

List major school activities in which you have participated (e.g..name of activity and/or work experience, number of years, offices held etc...)

List Major Community activities in which you have been active (eg.scouts, 4_h, church etc..)

Please answer the following questions:

1. Why do you want to attend _____ School?

2. What are your intended major and/or career goal(s)? Why?

3. Why are you applying for this particular scholarship?

4. Are you a member of the Missouri Junior Tour? _____
If Yes how many years? _____
What is your stroke average or handicap _____?

5. Were you on your high school golf team? _____

Signature of Applicant _____ Date _____

Part II Certificate of Recommendation

Note: Information to be supplied by Principal or Counselor

Name of High School _____ County _____

High School Mailing Address _____

School Phone # _____

Student Ranks _____ (no.) in Senior class of _____ (no.) ACT or SAT Score _____

High School GPA _____ Date of High School Graduation _____

Please give a brief statement concerning your evaluation of this applicant's citizenship and worthiness of scholarship consideration.

Principal or Counselor _____ Print _____ Signature _____

Name of High School _____

Date _____

Return Application to:

Paul Leahy
Lake of the Ozarks Junior Golf Association
P.O. Box 188tt
Osage Beach, MO 65065
leahy@pga.com
573-348-8535