



Atlanta's home for junior golf since 1974

SCHOLARSHIP FOR MEMBERSHIP APPLICATION

Please complete the below application and mail to the AJGA office along with a complete copy (including all schedules) of your latest federal tax return. Applications for financial assistance that do not include a complete copy of your tax return will not be considered. You may use the back of this page (or another page) to complete the questions below.

Participant Information

NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (____)____-____ MALE FEMALE D.O.B.: ____/____/____

DIVISION TO PARTICIPATE IN: Beginner 9-Hole 18-Hole

EMAIL: _____

SCHOOL ATTENDING: _____ GRADE LEVEL: _____ GPA: _____

SCHOOL ACTIVITIES: _____

COMMUNITY / OTHER ORGANIZATIONS ACTIVE IN: _____

GOLF EXPERIENCE (LESSONS, CLINICS, TOURNAMENTS ETC.): _____

DESCRIBE HOW YOU BECAME INTERESTED IN GOLF: _____

WHAT DO YOU EXPECT TO GAIN BY PARTICIPATING IN AJGA: _____

Parent/Guardian Information

Father's Name: _____ Age: _____

Level of Education: Elem. High School Some College College

Occupation: _____ Annual Income: _____

Current Employer: _____ Phone Number: _____

Mother's Name: _____ Age: _____

Level of Education: Elem. High School Some College College

Occupation: _____ Annual Income: _____

Current Employer: _____ Phone Number: _____

How much can you afford to pay towards membership/events: \$_____