



Atlanta's home for junior golf since 1974

SCHOLARSHIP FOR MEMBERSHIP APPLICATION

OFFICE USE ONLY
Received Date:
Division:
Approved?
Pay:

Please complete the below application and mail to the AJGA office along with a complete copy of your most recent federal tax return (IRS FORM 1040, including all schedules). 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.: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 AJG: \_\_\_\_\_

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: \_\_\_\_\_

Number of Dependents:
Number of Dependents Participating:

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

\*All participants must pay a portion of their membership fee