

## **Gals on and off the Green GALS Scholarship Foundation Application**

**GALS – Growing Achieving Learning Succeeding**

### **Instructions / Check List**

Applicants must plan to enroll in an approved educational institution in the same calendar year that the application is submitted. (Example: applicants attending classes in the fall of 2016 are eligible to submit their application as of January 1, 2016.)

#### **Application Form**

In addition to completing our three-page form, please attach a two-page-maximum cover letter/statement about you, preferably typed. Use this statement as an opportunity to introduce yourself, share your goals and accomplishments, your values and your ideas about your educational opportunities and their importance to your future. Include any obstacles you may have overcome and things that you think are important for us to know about you as a person.

Also, please describe why you are applying for this scholarship.

Include examples of how you have been able to Grow, Achieve, Learn and Succeed in some or all of the following areas:

- Family, Friend and School/Work Relationships
- Hobbies and interests
- Personal accomplishments
- Future goals
- Interest or involvement in the sport of golf

#### **References**

We also ask that personal and professional references are provided. Please make sure they are signed.

#### **Transcripts**

If you are currently a student and have high school or college transcripts available, please include copies of the most recent report.

#### **Financial Information**

Include any Financial Aid information or your latest Federal Income Tax filing (with your social security number redacted).

**Include proper postage** on your envelope and please return your application package to:

**GALS Scholarship Foundation  
Scholarship Committee  
117 Sebago Lake Drive  
Sewickley, PA 15143**

Your application must be received at the Foundation **no later than August 1<sup>st</sup>**.

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## Application Form

Please print clearly or type. In order to be considered, applications must be completed in full and received no later than August 1<sup>st</sup> at the GALS Scholarship Foundation office.

**Name:** \_\_\_\_\_  
Last First Middle

**Home Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City/State Postal Code

**Email Address:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

\*\*\*\*\*Complete this section if currently a high school or college student\*\*\*\*\*

**Mother's Name:** \_\_\_\_\_ **Employer/Type of Work:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Employer/Type of work:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Scholarship Committee Use:

\*\*\*\*\*Complete this section if currently a high school or college student\*\*\*\*\*

Name of High School/College: \_\_\_\_\_

High School/College Address: \_\_\_\_\_  
Street City/State Postal Code

Grade Point Average: Freshman\_\_\_\_ Sophomore\_\_\_\_ Junior\_\_\_\_ Senior\_\_\_\_

.....  
What other University, College, Trade School or other Educational Institution(s) have you applied to attend? (Indicate in order of preference.)

\_\_\_\_\_  
\_\_\_\_\_

What is your intended major or field of study? \_\_\_\_\_

For what other scholarships have you applied? \_\_\_\_\_

Do you work full or part time? Full Time?\_\_\_\_ Part Time?\_\_\_\_

Employer Name & Contact: \_\_\_\_\_  
Business Name Contact Name/Phone

Employer Name & Contact: \_\_\_\_\_  
Business Name Contact Name/Phone

Do you actively volunteer in a community or for a specific organization?

\_\_\_\_\_  
Name of Organization Type of Work Contact Name/Phone of Director

\_\_\_\_\_  
Name of Organization Type of Work Contact Name/Phone of Director

\_\_\_\_\_  
Name of Organization Type of Work Contact Name/Phone of Director

**Please demonstrate your involvement in golf:**

**Have you ever worked in the golf industry?** (e.g., a pro shop, been a golf pro, a sales representative or buyer for golf equipment/clothing, etc.)

Employer	Responsibilities	Contact Name/Phone
Employer	Responsibilities	Contact Name/Phone

**How many years have you been playing golf?**  
Beginner/Less than 1 year \_\_\_\_\_ 2-5 years \_\_\_\_\_ 6-10 years \_\_\_\_\_ More than 10 years \_\_\_\_\_

**How frequently do you golf?** Less than 6 times/year \_\_\_\_\_ 1-3 times/mo \_\_\_\_\_ 4 or more times/mo \_\_\_\_\_

**Do you most often play 9 holes or 18 holes?** \_\_\_\_\_

**List the course(s) you most often play:**  
\_\_\_\_\_

**Do you maintain a golf handicap** (do not list your handicap)? Yes \_\_\_\_\_ No \_\_\_\_\_

**Describe any other ways you are involved in golf:** (e.g., you caddie, work at a golf course, volunteer, coach, teach, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**On a separate sheet of paper, if necessary, please describe or list other activities and interests, including the number of years you participated, any notable accomplishments, any offices held or awards received:**

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