



Pan American Golf Association of San Antonio SCHOLARSHIP APPLICATION

NAME _____ SEX _____ AGE _____

ADDRESS _____ CITY _____

STATE/ZIP _____ PHONE (_____) _____ DOB _____

HIGH SCHOOL _____ DATE of GRADUATION _____ GPA _____

PARENTS ADDRESS _____

Total Family Income (check one): \$10,000-\$20,000 _____ \$30,000-\$40,000 _____ Above _____

Extra-curricular activities in high school: _____

Offices held, honors, awards, etc.: _____

Have you applied for college financial aid Yes _____ No _____ if YES Type of Assistance: _____

Self-assessment please provide why you feel you are qualified for the scholarship. (If required please use page 2 and 3)

Choice of College: _____

City and State: _____

Signature of Applicant _____ Date _____

Applicant Agreement:

I certify that the information contained in this application and all other materials submitted by me for consideration of this scholarship are to the best of my knowledge accurate and true.

Please feel free to provide any Documents, transcripts, references, and/or certificates.

Additional Information:

Additional Information: