



49 Knollwood Road
Elmsford, NY 10523-2819
914-347-4653
Fax 914-347-3437

APPLICATION FOR 2019 SCHOLARSHIP

1. Name in Full..... Date of Birth.....
Address.....
.....Telephone.....

2. Name of Parent or Guardian.....
Address (if different from above)
..... Telephone.....

3. Name of College Attending.....

4. Accompanying this application there must be:

- A. Transcripts of the Student's grades for the preceding academic year and for any completed full time semester(s) in the current academic year. (At least three (3) most recent semesters must be included.) ***Incoming Sophomores must include the last semester of their high school transcript.** College students **must** have a minimum of twelve (12) undergraduate credits or six (6) graduate credits per semester to qualify for a scholarship. (Graduate students must conform to the three (3) most recent semester transcript reporting rule.)
- B. List employment you have held in the past three (3) years; name and address of employer.
- C. Two (2) current statements of character reference from a non-relative.
- D. A one-page statement from the Student identifying the college or university he or she intends to enter, or has entered, the course of study they intend to pursue and why a college education, or the continuation, of a college education, is important to him or her.
- E. A list of all extracurricular and community activities. Provide a one-page statement why your involvement in these activities is important to you and how the experience of participation in them will benefit you in the future.

Signature of Applicant_____ Date_____

INSTRUCTIONS FOR PROCESSING

1. All applicants **MUST** be a member of this association or a dependent of a Class A, Life A, Life A/AF, B, C, Life C, AF or Life AF member. Applicant **MUST** be enrolled in a short course, Associate, Bachelors, Masters or Ph.D. program.
2. A complete application will include this application and **ALL** items requested in number 4 above.
3. **DEADLINE** for receiving completed applications is at the end of the business day on June 7, 2019 and **MUST** be in the hands of the Scholarship Chairman by this date.
Late or incomplete applications will not be evaluated.
4. Mail to: MetGCSA Scholarship Committee, 49 Knollwood Road, Elmsford, NY 10523
or email to: sodowd@mgagolf.org
5. An individual may receive up to four (4) annual scholarships from the MetGCSA.
6. If you have any questions, please contact Robert Alonzi, MetGCSA Scholarship Chairman,
ralonzijr@hotmail.com

ALL INFORMATION WILL BE CONFIDENTIAL