

CHICANO GOLF ASSOCIATION

PO Box _____

Big Spring, TX 79721

STUDENT SCHOLARSHIP APPLICATION 20__

DEADLINE---APRIL 30TH

(MUST BE ENROLLED IN AT LEAST TWELVE HOURS.)

PRINT OR TYPE ALL INFORMATION REQUESTED. PLEASE INCLUDE A COPY OF YOUR COLLEGE AND/OR HIGH SCHOOL TRANSCRIPT WITH THIS INFORMATION.

PERSONAL INFORMATION

NAME: _____

LAST

FIRST

MIDDLE

MAILING ADDRESS: _____

PHONE NUMBER: (____)____-____ SOCIAL SECURITY NUMBER____-____-____

COUNTY: _____ MARITAL STATUS: _____ NUMBER OF CHILDREN _____

WHERE WILL YOU LIVE WHILE ATTENDING _____ COLLEGE?

WITH PARENTS _____ ON CAMPUS _____ OFF CAMPUS _____

NAME AND ADDRESS OF HIGH SCHOOL ATTENDED: _____ GRADUATION DATE: _____

COLLEGE MAJOR: _____ FUTURE ACADEMIC MAJOR: _____

GRADE POINT AVERAGE: _____

COLLEGE YOU PLAN TO ATTEND: _____

(SCHOLARSHIP MONEY WILL BE SENT TO COLLEGE LISTED ON APPLICATION NO EXCEPTIONS)

