

**Grand Strand Golf Directors Association
Scholarship Application**

Complete this application in full and attach a letter of recommendation from at least one school official.

BIOGRAPHICAL SKETCH

Full Name of Student: _____

Address: _____

Telephone: _____ Parent's/Guardian's Name(s): _____

Occupation of Parent(s)/Guardian(s): _____

Estimated Combined Income Of Parents/Guardians: ___Less than \$150K... ___More than \$150K

Number of Brothers: _____ Number of Sisters: _____

High School Attended: _____ Dates: _____

(*** Above information is confidential and will not be disclosed ***)

ATHLETIC PARTICIPATION

Sports in which participation has occurred in high school and dates of participation: _____

CO-CURRICULAR ACTIVITIES OTHER THAN ATHLETICS

Name of Organization	Office Held, if any	Dates
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COLLEGE EDUCATION PLANS

Name of College: _____

Address: _____

Planned Major: _____

