



# SCHOLARSHIP APPLICATION

NAME \_\_\_\_\_ SSN \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE/ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ DATE of GRADUATION \_\_\_\_\_ GPA \_\_\_\_\_

PARENTS ADDRESS \_\_\_\_\_ FATHER'S OCCUPATION/TITLE \_\_\_\_\_

NUMBER of CHILDREN in FAMILY \_\_\_\_\_ MOTHER'S OCCUPATION/TITLE \_\_\_\_\_

Are your Parents presently members of Pan American Golf Association? YES \_\_\_\_\_ NO \_\_\_\_\_

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 \_\_\_\_\_ or No \_\_\_\_\_ if YES Type of Assistance: \_\_\_\_\_

Amount: \_\_\_\_\_ Date received \_\_\_\_\_ in your own words, explain why you wish to continue your education:

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

Why do you need financial aid to continue your education: \_\_\_\_\_

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

Choice of College: \_\_\_\_\_

City and State: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Applicant Agreement:**  
I understand that I must enroll as a full time student to be eligible for this scholarship. If selected I understand that I must maintain a "C" average (2.0) for the first semester to be eligible for any future financial assistance from San Antonio PAGA for the following semester. I further agree to furnish the Scholarship Chairmen a copy of my first college transcript.