

PAN AMERICAN GOLF ASSOCIATION OF DALLAS SCHOLARSHIP APPLICATION

Name: _____ SS #(Optional): _____ Gender: _____ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Ph. #: _____ Date of Birth: _____ High School _____ Graduation date: _____ GPA _____

Parents

Address: _____ City: _____ State: _____ Zip Code: _____

Father's Occupation/Title: _____

Number of Children in Family: _____ Attending School: _____

Mother's Occupation/Title: _____

Total Family Income (Check One):

___ \$10,000-\$20,000 ___ \$20,000-\$30,000 ___ \$30,000-\$40,000 ___ \$40,00-\$50,000 ___ Above \$50,000

PLEASE USE ADDITIONAL PAPER TO ANSWER THESE QUESTIONS:

Extra-curricular activities in high school:

Note offices held, honors, awards, etc.:

Have you applied for college financial aid: Yes: _____ No: _____

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:
