



WOMEN'S GOLF ASSOCIATION OF MASSACHUSETTS
GERRY BAKER SCHOLARSHIP

GERRY BAKER WAS AN ACTIVE AND PROUD MEMBER OF THE TACONIC GOLF CLUB AND THE WOMEN'S GOLF ASSOCIATION OF MASSACHUSETTS. A BENNINGTON, VERMONT RESIDENT, MRS. BAKER WON HER CLUB CHAMPIONSHIP WELL OVER A DOZEN TIMES AND HOSTED AN INVITATIONAL AT HER CLUB THAT DREW GOLFERS FROM CLUBS LOCATED THROUGHOUT THE STATE. SHE TRAVERSED THE STATE TO PLAY IN INVITATIONALS HOSTED BY HER MANY FRIENDS AND IN NUMEROUS WGAM EVENTS, REGARDLESS OF THE DISTANCE. A WINNER OF A SPRING TEAM CUP WITH HER FRIENDS, SHE WORE HER PIN EVERY TIME SHE PLAYED GOLF. GERRY BAKER REMAINS WELL KNOWN FOR HER SUPPORT OF WOMEN'S GOLF, PARTICULARLY FOR THOSE LIVING IN THE WESTERN HALF OF THE STATE.

STATEMENT: The Gerry Baker Scholarship shall be awarded to a female of any age who is a resident of the Massachusetts counties of Berkshire, Franklin, Hampden, Hampshire and Worcester, is or will be attending an accredited institution of higher learning, and has shown an interest in golf.

AWARD: The scholarship shall be in an amount up to \$ 1,000.00 and is renewable upon subsequent application.

CRITERIA: The scholarship shall be awarded primarily on the basis of academic achievement and interest in golf. Extra-curricular activities, community service and financial need shall also be taken into consideration.

PLEASE PRINT OR TYPE:

1. NAME: _____
Last First Middle

2. ADDRESS: _____
Street City/Town Zip Code

3. HOME TELEPHONE: _____ Email: _____

4. DATE OF BIRTH: _____

5. EDUCATION:

(attach additional information on a separate sheet)

A. Name, address and dates of all high schools and institutions attended: _____

B. Name and address of institution attending for 2013-2014 academic year: _____

C. Intended major: _____

D. Projected total cost of tuition, room and board and fees: _____

E. List academic or athletic awards or honors received: _____

F. List extra-curricular and community activities: _____

6. FAMILY INFORMATION:

A. Name, address and occupations of parents: _____

B. Names and ages of siblings (indicate if any are in college): _____

7. FINANCIAL RESOURCES:

A. List any work experience: _____

B. List financial aid awarded: _____

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION:

1. A letter detailing your eligibility for this SCHOLARSHIP based on the above stated criteria.
2. Copies of high school/other institutions transcript(s).

3. Two letters of recommendation from a teacher, school counselor, employer, golf coach or golf professional.

COMPLETED APPLICATIONS MUST BE RECEIVED BY **June 15, 2015**, TO BE CONSIDERED FOR THE 2015 SCHOLARSHIP.

PLEASE MAIL COMPLETED APPLICATIONS TO:

GERRY BAKER SCHOLARSHIP
WOMEN'S GOLF ASSOCIATION OF MASSACHUSETTS, INC.
300 ARNOLD PALMER BOULEVARD
NORTON, MASSACHUSETTS 02766

I certify that the information contained on this form is accurate and true to the best of my knowledge. I will notify the Women's Golf Association of Massachusetts, Inc. of any information or changes that affect the information listed on this form. I will promptly notify the Association if I cease to attend the institution listed above.

Signature of applicant

Date

Signature of parent/guardian (if under eighteen))

Date