



Dear Applicant:

Date _____

Enclosed please find the application to be a WGAM Junior Scholar. Please read the instructions carefully and be sure to complete all sections. Return to:

**WGAM Junior Scholarship Fund, Inc.
c/o WGAM Office
William F. Connell Golf House
300 Arnold Palmer Boulevard
Norton, MA 02766**

Eligibility:

In order to apply to become a WGAM Junior Scholar an applicant must be a MA resident female high school senior who is one of the following:

- WGAM member
- Daughter/Granddaughter of a WGAM member
- Massachusetts Resident with an interest in golf

Selection Criteria include:

- Character and Personality
- High School Academic Performance and Record
- Leadership Qualities
- Community/Civic involvement

**YOUR COMPLETED APPLICATION IS DUE ON OR BEFORE
5:00 p.m. on Monday, May 8th 2017**

Monetary awards will be made on the basis of relative financial need. In order to be considered for a monetary award you must submit all the required items in sections F and G by the specified dates. If you fail to return each item by the due date your application will be deemed incomplete.

An eligible applicant who demonstrates no financial need but meets the selection criteria may be named a WGAM Junior Scholar, but receive no financial aid.

All applicants will be contacted to schedule personal interviews with the WGAM Junior Scholarship Fund, Inc. Interview Committee. Interviews will be scheduled only after your application is submitted and the Trustees have confirmed that you are eligible.

If you have any questions regarding the Scholarship Application or the award process, please feel free to contact me.

*Jeanne-Marie Boylan, President
WGAM Junior Scholarship Fund, Inc.
P.O. Box 9187
Boston, MA 02114
617-227-9000 ext. 1004
jmbbsg@aol.com*



2016 WGAM Junior Scholarship Fund, Inc., Interview Committee

Leslie Logan, Kelly Petracca, Anne Farrington

Contact via WGAM office: 774-430-9010

WGAM Junior Scholarship Fund, Inc., Trustees

Jeanne-Marie Boylan
Natalie Galligan
Anne Marie Tobin
Leslie Logan

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Jeanne-Marie Boylan, President
P.O. Box 9187
Boston, MA 02114
617-227-9000 ext. 1004
jmbbsg@aol.com

APPLICATION DEADLINE: May 8, 2017 at 5:00 pm

WGAM JUNIOR SCHOLARSHIP FUND, INC.
APPLICATION FOR SCHOLARSHIP

Complete (*please print clearly or type*) the application together with all other required information and mail to:

WGAM Junior Scholarship Fund, Inc.
c/o WGAM Office
William F. Connell Golf House
300 Arnold Palmer Boulevard
Norton, MA 02766

- Your answers to these questions will be used to assess your qualifications to become a WGAM Junior Scholar. *The information provided herein is confidential and will be viewed only by Trustees and members of the Selection Committee.*
- Enclose a recent photograph. You may call the WGAM office (774-430-9010) if you have any questions regarding this application.

I AM APPLYING FOR: **WGAM Junior Scholarship** (with financial assistance): Qualification for a monetary award requires that the eligible applicant demonstrates financial need and meets the selection criteria. The standard FAFSA and SAR reports are used for this determination. (See Part F, Page 4)

WGAM Junior Scholarship (without financial assistance): An eligible student who demonstrates no financial need but meets the selection criteria.

I MEET THE FOLLOWING ELIGIBILITY REQUIREMENT (check one):

- WGAM Member
- Daughter/Granddaughter of a WGAM member
- Massachusetts resident with an interest in golf

PART A: APPLICANT

Name: _____
Last First Middle

Address: _____
Street City/Town Zip Code

Home Telephone: (____) _____ Email: _____

PART B: EDUCATION

High School _____ Year of Graduation _____

College or university you plan to attend: _____

What is your intended course of study or major? _____

Honors and Activities:

List the following:

1. Academic Distinctions/Awards: _____

2. Athletic Distinctions/Awards: _____

3. School Clubs/Activities: _____

4. Community Service/Activities outside of school: _____

PART C: APPLICANT'S EMPLOYMENT HISTORY

PLEASE LIST ALL JOBS YOU HAVE HELD IN THE PAST THREE (3) YEARS

<u>Job Title</u>	<u>Name of Employer</u>	<u>Date(s) of Employment</u>	<u>Hours/Week</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART D: ESSAY

This personal statement helps us become acquainted with you in ways different from courses, grades, test scores, and other objective data. It will demonstrate your ability to organize thoughts and express yourself. Please write an essay (250-500 words) on a topic of your choice or on one of the options listed below. Many applicants submit an essay used for their college applications. Please attach your essay to this application and indicate your topic by checking the appropriate box below.

1. Evaluate a significant experience, achievement, or risk that you have taken and its impact on you.
2. Identify a person who has had a significant influence on you, and describe that influence.
3. Describe how golf has impacted your life.
4. Other _____.

PART E: FAMILY INFORMATION

This statement is part of your daughter's application for a WGAM Junior Scholarship.

Name (*in full*) OF STUDENT APPLICANT: _____

Parent or Guardian

Name: _____

Home Address: _____

Employer's Name/Address: _____

Employer's Telephone: (____) _____

Type of Business: _____

Position Held: _____

Parent or Guardian

Name: _____

Home Address: _____

Employer's Name/Address: _____

Employer's Telephone: (____) _____

Type of Business: _____

Position Held: _____

Please list the names of all siblings:

Name

School

Grade Level

<i>Name</i>	<i>School</i>	<i>Grade Level</i>

PART F: FINANCIAL INFORMATION

Financial Aid Eligibility: *Eligibility for financial awards is determined by analysis of the Free Application for Federal Student Aid (FAFSA).*

The Free Application for Federal Student Aid (FAFSA) forms should be available at your high school or college or via the Internet at www.fafsa.ed.gov. Any questions or problems you might have in obtaining the forms should be directed to the Federal Department of Education at 1-800-433-3243.

FAFSA Form (and subsequent SAR Report): Completing the FAFSA Form generates the Student Aid Report (SAR). This Student Aid Report is **not sent to the WGAM** – it is sent to your home. Once you receive the SAR please send a copy to the WGAM.

Financial Aid from your College: If you are receiving financial aid from your college you will need to submit a copy of the financial aid determination letter to the WGAM by **Friday, May 12, 2017**.

By signing below we attest, that to the best of our knowledge, all information on this application is correct and complete.

Applicant's Signature _____ Date _____

Parent/Guardian Signature(s) _____ Date _____

_____ Date _____

A completed application *must be received in the WGAM office no later than 5:00PM EST Monday, May 8th, 2017.*

If you fax or scan and email an application, please contact the WGAM office *before 5:00PM EST May 8th* to confirm that the application has been received.

WGAM Telephone #: 774-430-9010

WGAM Fax #: 774-430-9011

Email: info@wgam.org

PART G: COLLEGE COMMITMENT FORM

Directions to Applicant: Complete this form and return no later than **May 12, 2017** to:
WGAM Junior Scholarship Fund, Inc., c/o WGAM, 300 Arnold Palmer Boulevard, Norton, MA 02766.

Name: _____
 Last First Middle

Address: _____
 Street City/Town Zip Code

Home Telephone: (____) _____ Email address: _____

Parent/Guardian Name: _____

Parent/Guardian Work Telephone: (____) _____

Name of College/University I will be attending this fall: _____

College Mailing Address: _____
 Street City/Town State Zip Code

THE FOLLOWING IS AN ACCURATE STATEMENT OF THE EDUCATIONAL EXPENSES AND ANTICIPATED RESOURCES FOR THE COLLEGE/UNIVERSITY I WILL BE ATTENDING.

<u>EXPENSES</u>		<u>RESOURCES</u>	
Tuition	\$ _____	Scholarship/Grants	\$ _____
Room & Board	\$ _____	Loans	\$ _____
Transportation	\$ _____	Work Study	\$ _____
Fees	\$ _____	Other Scholarships	\$ _____
Books	\$ _____	Parent/Guardian Contributions	\$ _____
Other	\$ _____	Student Contributions	\$ _____
		Savings/Summer Job	\$ _____
TOTAL EXPENSES	\$ _____	TOTAL RESOURCES	\$ _____

I certify that the information on this form is true and accurate to the best of my knowledge. I agree to notify the WGAM Junior Scholarship Fund, Inc. of any changes that might occur with respect to the information supplied herein, including, but not limited to, the receipt of additional financial aid from any source, including any sources not listed herein. I also agree, as a condition of any award that I might receive, to inform the WGAM Junior Scholarship Fund, Inc. if I cease to attend the above college/university on a full time basis. I also understand and acknowledge that, if at any time during my first year of full-time study I cease to attend the college/university on a full-time basis, I shall be responsible to repay, on a pro rata basis, a portion of any scholarship award received from the WGAM Junior Scholarship Fund, Inc.

_____ _____ _____ _____
Signature of Applicant *Date* *Signature of Parent/Guardian* *Date*