Sioux Empire Jr. Golf Association Scholarship Application

Please print and mail to: **Sioux Empire Jr. Golf Association, Box 91, Chancellor, SD 57015**
Deadline: **December 23rd**

Name of Applicant _____
Last First Middle

Home Address _____
Street City State Zip

Telephone _____ Birth Date _____

Parents Names _____

Current occupations of parents _____

Family Income reported to the IRS from previous year _____

Number of children in family _____ Number of brothers/sisters attending college _____

Date of graduation from high school _____

College or University you plan to attend _____

Course of study you plan to pursue _____

List activities in which you have participated. Indicate with an (*), the activities in which you held offices. Use back of paper if necessary.

(9th Grade) _____

(10th Grade) _____

(11th Grade) _____

(12th Grade) _____

Additional financial aid received, including the amount of aid _____

_____

Special Instructions:

1. Each applicant must check that all recommendations are submitted before **December 23rd.**

2. A copy of your high school transcript must accompany this application.

3. Applicants must submit two letters of recommendation from faculty members.
   Recommendations letters should be mailed to: **Sioux Empire Jr.Golf Association**
   Box 91, Chancellor SD 57015

4. Mail this application to: **Sioux Empire Jr. Golf Association, Box 91, Chancellor SD 57015**