



*Western Pennsylvania Golf Association Scholarship Fund*

930 North Lincoln AVE ♦ Pittsburgh, PA 15233

Application Form

Deadline: November 30, 2023

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Member Club: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title (s): \_\_\_\_\_ From/To: \_\_\_\_\_

High School (s): \_\_\_\_\_ Years: \_\_\_\_\_

GPA: \_\_\_\_\_

College or Univ.: \_\_\_\_\_ Years: \_\_\_\_\_

College Entrance Exams:	Math	Verbal / English	Essay / Reading	Composite	Dates Taken:
SAT:	_____	_____	_____	N/A	_____
ACT:	_____	_____	_____	_____	_____

Please list your student activities, leadership positions, athletic and/or community involvement.

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Please list colleges or universities where you are seeking admission (in preferred order):

Preference:	University or College Name	Applied	Accepted	Committed
1 <sup>st</sup> Choice:	_____	Yes / No	Yes/Pending	Yes / No
2 <sup>nd</sup> Choice:	_____	Yes / No	Yes/Pending	Yes / No
3 <sup>rd</sup> Choice:	_____	Yes / No	Yes/Pending	Yes / No
Projected Major:	_____	Alt. Major:	_____	_____

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list other Scholarships and/or Grants that you have applied.

Organization Name	Amount	Accepted
_____	\$ _____	Yes / No / Pending
_____	\$ _____	Yes / No / Pending
_____	\$ _____	Yes / No / Pending
_____	\$ _____	Yes / No / Pending
_____	\$ _____	Yes / No / Pending
_____	\$ _____	Yes / No / Pending

Please list other siblings and where they are attending school.

Name:	Age	High School or College Name	Location	Year Graduating
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This application must be accompanied with the following:

- ◇ Attachment 1: Family's Financial Information (Part of this document).
- ◇ Attachment 2: A typed essay (up to 500 words) on your career plans and how you can benefit from a WPGA scholarship.
- ◇ Letter of recommendation from a supervisor at the WPGA Member Club where you have worked.
- ◇ Letter of recommendation from one teacher, or guidance counselor.
- ◇ Official high school transcript, or if already attending, a college transcript.

The information provided in this application, including the attachments is, to the best of my knowledge, true and accurate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send the completed application and attachments to:

WPGA Scholarship Fund  
930 North Lincoln AVE, STE 1  
Pittsburgh, PA 15233

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

1<sup>st</sup> Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ No. of yrs: \_\_\_\_\_

Occupation: \_\_\_\_\_ 1<sup>st</sup> Parent Annual Income: \$ \_\_\_\_\_

2<sup>nd</sup> Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ No. of yrs: \_\_\_\_\_

Occupation: \_\_\_\_\_ 2<sup>nd</sup> Parent Annual Income: \$ \_\_\_\_\_

Other Income:      Alimony      Investments      Other Job  
Annual:      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_      Tot. Other Annual Income: \$ \_\_\_\_\_

Residence:       Own Home       Rent       Other      Monthly Housing Payment: \$ \_\_\_\_\_

Describe any additional hardships, not covered above, that may help us determine your financial situation.

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

To the best of our knowledge, the above information is correct. Additional verification may be requested.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>st</sup> Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Finalists will need to send WPGA a copy of their "Free Application for Federal Student Aid" submittal.

