

**WOMEN OF ASTORIA GOLF & COUNTRY CLUB
33445 Sunset Beach Ln. Warrenton, OR 97146**

SCHOLARSHIP APPLICATION COVER PAGE

Applicant's Name _____

High School _____

Parent or Guardian _____

Address _____

Telephone # _____ Email _____

SCHOLARSHIP RECIPIENT SELECTION CRITERIA:

1. Must be a senior at Astoria, Warrenton, Seaside, Knappa or Ilwaco High School
2. Must be a member of the school golf team or have participated a minimum of two years in the AGCC Junior Golf program.
3. Must be a student in good academic standing-averaging a B or better.
4. Must provide a current copy of high school transcript with application
5. Must plan to attend an accredited or licensed educational/professional-technical institution
6. Must submit proof of acceptance to accredited or licensed educational/professional-technical institution
7. Must complete a short and essay and accomplishments sheet
8. Must submit three completed Recommendation Forms
9. Completed forms must be received by April 17, 2020 at 5:00pm to be considered.

THIS IS A ONE-YEAR, \$1500 DOLLAR SCHOLARSHIP WHICH MAY ONLY BE USED FOR TUITION AND/OR EDUCATION RELATED FEES: e.g., school supplies, books.

Applications must be typed or computer generated. DO NOT add any additional material than has been requested. Staple packet in upper left hand corner. ONLY CANDIDATES WITH COMPLETE APPLICATIONS WILL BE CONSIDERED.

**I understand and agree to the conditions of this scholarship _____
Applicant Signature**

For questions or additional information, you may call Peggy Dawson, Scholarship Chairperson, at 503-738-9063

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STUDENT ESSAY

In no more than this page - in 12 pt. Font - please tell us (1) about your educational goals beyond high school; (2) how receiving this scholarship check will help you in meeting your educational goals, and (3) in what ways has participating in golf helped with your career goals and in the development of your character.

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STUDENT ACCOMPLISHMENT LIST

IN WHAT HIGH SCHOOL SPONSORED ACTIVITIES AND COMMUNITY RELATED PROGRAMS HAVE YOU PARTICIPATED THAT HAVE CONTRIBUTED TO YOU AND YOUR SCHOOL? USE THIS PAGE ONLY. You may change size of spaces, if needed.

SPORTS:

STUDENT GOVERNMENT:

SCHOOL ACTIVITIES:

COMMUNITY VOLUNTEER EXPERIENCES:

HONORS AND AWARDS:

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FORMS AND CHECK SHEET

ATTACHED ARE THREE SCHOLARSHIP RECOMMENDATION FORMS WHICH SHOULD BE COMPLETED AND ATTACHED TO THE FINAL PACKET as Pages 5,6 & 7.

- **FORM ONE SHOULD BE COMPLETED BY YOUR GOLF COACH OR SOME-ONE FAMILIAR WITH YOUR EXPERIENCE IN THE JUNIOR GOLF PROGRAM AT A.G.C.C.**
- **FORM TWO SHOULD BE COMPLETED BY A SCHOOL COUNSELOR, ADMINISTRATOR, OR TEACHER.**
- **FORM THREE CAN BE COMPLETED BY AN EMPLOYER, FAMILY FRIEND, OR AN ADULT WHO IS FAMILIAR WITH YOUR ACCOMPLISHMENTS. LETTERS OF RECOMMENDATION MAY BE SUBSTITUTED FOR THESE FORMS.**

Letters of Recommendation (One page only) may be substituted for forms, but they must be on the recommender's letterhead or personal stationary.

YOUR SIGNED AND COMPLETED APPLICATION PACKET (see below) SHOULD BE RETURNED TO THE ASTORIA GOLF & COUNTRY CLUB NO LATER THAN APRIL 17, 2020, 5:00pm. THE APPLICATION CAN BE MAILED TO: 33445 Sunset Beach Ln. Warrenton, OR 97146 OR CAN BE DELIVERED TO THE A.G.C.C. OFFICE. PARTICIPANTS NOT MEETING THE DEADLINE WILL NOT BE CONSIDERED.

APPLICATION CHECK LIST:

- **SIGNED COMPLETED APPLICATION FORM** **Page 1 & 4**
- **STUDENT ESSAY AND ACCOMPLISHMENTS LIST** **Pages 2 & 3**
- **THREE RECOMMENDATION FORMS/LETTERS** **Pages 5, 6 & 7**
- **CURRENT TRANSCRIPT** **Page 8**

The information given and statements made in this application are correct to the best of my knowledge.

Date: _____

Signature of applicant: _____

Signature of parent/guardian: _____

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GOLF SCHOLARSHIP RECOMMENDATION

APPLICANT _____

SCHOOL _____

RECOMMENDED BY _____

RELATIONSHIP TO APPLICANT _____

Please explain why you believe this student should be considered for the \$1500 college tuition scholarship form for the 2020-2021 academic year. Please use this page only.

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Please attach transcript here: