



SUNSHINE STATE
AMATEUR
GOLFERS ASSOCIATION, INC.



“MEMBERS ONLY”

Sunshine State Amateur Golfers Association

Scholarship Award Application

For SSAGA Members Only

Sponsor Information: All scholarship applications must be sponsored and recommended by a SSAGA Member. The SSAGA Member must verify that the applicant is a full-time student at a college or University, confirm that the applicant reflects the qualities of the SSAGA, and determine that the applicant is worthy of the financial assistance provided by the SSAGA.

Name of SSAGA Sponsor (Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Signature of SSAGA Sponsor: _____

(My signature verifies that the applicant is a full-time student at a college or university, it confirms that the applicant reflects the qualities of the SSAGA, and that I have determined that the applicant is worthy of financial assistance. I also verify that this applicant is not a family member/relative and that I will not receive an excessive benefit from this award.)

SSAGA Sponsor recommendation statement (Use only the space provided):



SUNSHINE STATE AMATEUR GOLFERS ASSOCIATION, INC.



MEMBERS ONLY

Sunshine State Amateur Golfers Association

For the Applicant Only

Applicant Information: All applicants must identify a SSAGA Sponsor to serve as an advocate and advisor to become a candidate to receive an SSAGA Scholarship Award.

Name of Applicant (Please Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

I am currently enrolled at the following College or University:

Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I request this Scholarship Award for the following reason: (Use only the space provided)

Multiple horizontal lines for writing the reason for the scholarship request.

Scholarship Committee Use Only

Comments: _____

All Applications and documents must be submitted to: Granville Scott, email: ssagafla@gmail.com