**Summit Golf Foundation
Scholarship Request Form**

*All information provided will be kept confidential.*

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross Household Income: $\_\_\_\_\_\_\_\_\_\_\_\_

State Care? Yes No
Case Worker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Fee: $500 I can afford: $\_\_\_\_\_\_\_\_\_\_

I certify that the information provided in this scholarship request is true and accurate to the best of my knowledge. I understand that all information will be considered confidential, for review by Summit Golf Foundation. I understand that if the information above proves to be false that the scholarship and membership with Summit Golf Foundation may be terminated.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Scholarship Contract**

*Note! Students applying for scholarships must agree to the following by initialing each statement:*

I will show up on time to **ALL** Breaking Par session ready to learn. \_\_\_\_\_\_\_

My legal guardian or I will contact my Breaking Par instructors at least two days prior, if I miss or plan to miss a Breaking Par session. \_\_\_\_\_\_\_

I will take advantage of the learning and playing opportunities provided by SGF. \_\_\_\_\_\_\_

I will volunteer at one (or more) SGF fundraising event this summer. \_\_\_\_\_\_\_

I will go above and beyond what is asked of me in class and at home. \_\_\_\_\_\_\_

I will do the right thing when no one is looking. \_\_\_\_\_\_\_

I will have fun. \_\_\_\_\_\_\_

By signing below, I understand that any breech in this contract may affect my scholarship opportunities in future years. I stand by my agreement with Summit Golf Foundation, and will uphold this contract to the best of my abilities.

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