

**Syracuse Women's District Golf Association
Girls' Scholarship Application**



Name: _____

Address: _____

e-mail: _____

Phone (Home) _____ cell: _____

With whom do you reside? _____

Parent/Guardian Employer: Mother _____

Position Held _____

Father _____

Position Held _____

What colleges have you applied to?

What college do you plan on attending (if accepted)? _____

Annual cost of attending this college? _____

Parental income (please check one)

_____ Below \$25,000 _____ \$26,000-\$40,000 _____ \$40,000-\$70,000

_____ \$76,000-\$99,000 _____ Above \$100,000

Complete information on siblings:

Name	Age	Present School/College
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Student's own assets available to meet college expenses (including all scholarships)

Nature of Assets	How Obtained	Amount
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Other sources of financial aid:

From parent's
income/assets _____

From student's
income/assets _____

Please include any other information about yourself that the committee should consider

Please send this scholarship application, second school transcript and all supporting materials to:

Thelma Taylor
218 Euclid Drive
Fayetteville, NY 13066

Deadline for ALL application materials is June 15 of the current year