



Game Of your Life Foundation

491 Jonesville Road
Coldwater, MI 49036

517-278-4892

www.junorgolf.org

Dear Scholarship Application Recipient;

Enclosed please find your 2024 Game Of your Life Foundation Scholarship Application. To be considered in the selection process, your completed application must be received in our office no later than May 31, 2024. Scholarships will be awarded on Sunday, July 28th at the Year-End Awards Banquet to be held at The University Club at MSU. Scholarship Finalist will be notified by phone no later than July 14, 2024.

This will be the thirty first season the Game Of your Life Foundation will be awarding scholarships to deserving young people. In the last thirty years \$563,500 has been awarded. The criteria used to select the scholarship winners will be based on five different categories. First and foremost, character of the individual followed by academic record, extracurricular involvement, presentation of application, and need. Golf ability or standing on the Tour is not taken into consideration when selecting recipients.

The goal of the 2024 Scholarship fund is to award \$23,000 in scholarships, if funding is available. This \$23,000 would be awarded to 10 different individuals.

The 2024 Scholarship Selection Committee looks forward to receiving your application and wishes you the best as you continue your education at the next level.

Sincerely,

Scholarship Selection Committee
Game Of your Life Foundation

Game Of your Life Foundation Scholarship Application

PERSONAL INFORMATION

Name _____
Last First Middle

Email _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Date of Birth ____/____/____ Age _____
Year/Month

FAMILY INFORMATION

Name of Parents/Guardian _____

Father's Employment _____
Occupation Where

Mother's Employment _____
Occupation Where

Number of brothers and sisters:

Older than you _____

Names: _____

Younger than you _____

Names: _____

Number of children in College: _____

Explain:

EDUCATION INFORMATION

Proposed area of study if known:

Below list colleges to which you have applied for admission.

- | | | | |
|----|-------|-------------------|-------|
| 1) | _____ | Were you accepted | _____ |
| 2) | _____ | Were you accepted | _____ |
| 3) | _____ | Were you accepted | _____ |

I plan to attend and have been accepted at _____

I will enter the above-named school: _____
Month Year

I anticipate being completed with my education: _____
Month Year

ACADEMIC INFORMATION

High School attended _____

Grade Point _____ Class Rank _____ out of _____
On 4.0 scale upon completion of 7 semesters

Type of classes _____ ACT/SAT score _____
Regular/College Prep/Honors

Academic awards you have received _____

REFERENCES, ACTIVITIES, AND RECOGNITIONS

The following persons can inform you concerning my character, ability, and prospects of using financial assistance wisely:

(Please list name, position, phone number and complete address)

- | | |
|----|-------|
| 1) | _____ |
| 2) | _____ |
-

Give information regarding activities, interest, special talents, and special recognition you have received, i.e. civic, extra-curricular.

WORK EXPERIENCE

Have you held a summer job_____

Position

Where

Number of hours per week_____ Employed from_____to_____

Have you held a job during school_____

Position

Where

Number of hours per week_____ Employed from _____to_____

Please write a brief statement explaining what the game of golf has meant to you in your lifetime.

Describe any unusual personal or family situations you feel would merit consideration of evaluating committee. This may be attached to application. Limit to one page.

Have you received any other scholarship monies, including state or federal aid?
_____ If so how much? _____

SIGNATURES

Certification

I hereby acknowledge that the information submitted herewith is true and correct. I fully understand that if stipend is awarded me it is for the assistance of post-high school education. I agree to use the aid received in accordance with the intent for which the award was given. In event that I do not enter a post- high school program, or if after entering terminate the program prior to using the granted aid, I will relinquish all claim to the aid in order that it might be awarded to another. In case of termination, will return all monies not encumbered or expended.

Signature of Applicant: _____

Signature of Parent/Guardian: _____

Date of Application: _____

Permission to release information:

Permission is granted to applicant's high school to supply the scholarship committee with school records, which may include grades, attendance, test results, and general scholastic information.

Signature of Applicant: _____

Signature of Parent: _____

(Required if applicant is under 18 years of age)