

PAN AMERICAN GOLF ASSOCIATION



VICTORIA PAGA CHAPTER SCHOLARSHIP GUIDELINES

The Pan American Golf Association is a national organization and was organized in 1947. The association consists of more than 2,600 members in forty-four (44) cities in ten (10) states. In addition to promoting golf, the association traditionally awards scholarships to worthy students. Scholarship funds are deposited with the college or university at which the receiving student enrolls and are to be applied toward tuition and fees.

TO BE CONSIDERED FOR THIS SCHOLARSHIP, APPLICANT MUST:

1. Be a high school graduate.
2. Graduate In the upper half of the graduating class.
3. Establish financial need.
4. Enroll in a program, which leads to the awarding of a certificate (as i.e.: a vocational/technical program, an associate degree, or bachelor's degree).
5. Enroll or currently be enrolled in a community college or four year college or university.
6. Submit the following – postmarked no later than March 31st of the current calendar year.
 - a. A properly completed application form.
 - b. The latest academic transcript.
 - c. A letter of recommendation from an appropriate counselor.

MAIL APPLICATION TO:

Tom Escobedo
Scholarship Chairman
104 S. Navarro St. Victoria, TX 77901

CONTACT INFORMATION:

E-mail: escobegt@suddenlink.net

VICTORIA PAN AMERICAN GOLF ASSOCIATION SCHOLARSHIP APPLICATION

TYPE OR PRINT IN INK:

NAME: _____ GENDER: _____ DATE OF BIRTH: _____ AGE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
SOCIAL SECURITY NO: _____ PHONE NUMBER: (_____) _____
HIGH SCHOOL: _____ GRADUATION DATE: _____ GPA: _____

PARENTS ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
FATHER'S OCCUPATION: _____ TITLE: _____
MOTHER'S OCCUPATION: _____ TITLE: _____
NO. OF CHILDREN IN FAMILY: _____ NO. OF CHILDREN ATTENDING SCHOOL: _____
TOTAL INCOME (Based on Family): _____

IF NECESSARY, PLEASE USE ADDITIONAL PAPER TO ANSWER QUESTIONS

Extracurricular activities in high school: _____

Note offices held, honors, awards, etc.: _____

In your own words explain why you want to continue your education: _____

Why do you need financial aid to continue your education? _____

Have you applied for college financial aid? _____ Date received: _____
Type of assistance received? _____ Amount received: _____

CHOICE OF INSTITUTION OF HIGHER EDUCATION

COLLEGE OR UNIVERSITY: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT AGREEMENT:

I understand that I must enroll as a full-time student to be eligible to receive a scholarship. If selected to receive a scholarship, I understand that I must maintain a "C" average (2.0) for the first semester to be eligible for any balance of the scholarship in the following semester. I further agree to furnish the Victoria PAGA Chapter Scholarship Chairman a copy of my first college or university transcript.

Applicant Signature: _____ Application Date: _____