

# FAIRVIEW SCHOLARSHIP COMMITTEE

## APPLICATION INFORMATION

### *Applicants:*

1. Must be a Palm Beach County or other identified counties resident.
2. Must be a graduating high school senior with a minimum GPA (grade point average) of 2.5.
3. Must be an African American.
4. Must be admitted to or attending an accredited College or University. Proof of acceptance from the registrar at the college or university is required before the scholarship funds will be disbursed.
5. Scholarship award shall not exceed \$1000. The applicant can only receive one scholarship from Fairview Golf Club.
6. All applications must be submitted to Fairview Golf Club by the deadlines established by the committee and approved by the Fairview Golf Club members. There will be NO exceptions for late applications.
7. All scholarship applications shall be forwarded to the Scholarship Committee for consideration. The Scholarship Committee shall recommend recipients for the scholarship award(s) to the Fairview Golf Club members for approval.
8. Must not have received a scholarship from the Sunshine State Amateur Golf Association (SSAGA) or any affiliate clubs.
9. Golf experience is a plus.



## **Scholarship Application**

### **Student Information:**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Email Address: \_\_\_\_\_

### **Parent/Guardian Information:**

Father/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of family members in household: \_\_\_\_\_

Names of siblings attending college/university: \_\_\_\_\_

### **Student Academic Information:**

Name of High School: \_\_\_\_\_

School Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Year of Graduation: \_\_\_\_\_ Grade Point Average (GPA): \_\_\_\_\_

### **List of Clubs/Organizations or extracurricular activities in which you participated:**

Name of Clubs/Organizations:

Office held (if applicable):

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**Three (3) Written References:** (3) Minimum from a Teacher, School Administrator, Community/Organization leader, Employer, or Church/Religious Leader (Attach to the application)

Name: \_\_\_\_\_ Phone: (H)\_\_\_\_\_ (C) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Name: \_\_\_\_\_ Phone: (H)\_\_\_\_\_ (C) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Name: \_\_\_\_\_ Phone: (H)\_\_\_\_\_ (C) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

**Educational Goals:**

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**Describe any golfing experience:** \_\_\_\_\_

**College/University Attending:** \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**Additional comments:** \_\_\_\_\_

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**Please provide a typed or clearly written essay (300 words minimum) as to the following: Why should you be awarded this scholarship; and, describe why this scholarship is needed for your college education. [Please attach an additional sheet to this application for this essay if necessary]**

**Requirements: Student must be graduating in the year scholarship is requested (documentation required) from Palm Beach County Schools; have at least a 2.5 grade point average (GPA); and possess good citizenship.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date signed**

Submit Application to: Fairview Golf Club, Inc.

Attn: Scholarship Committee, P.O. Box 3042, Boynton Beach, FL 33424 or

Email: [Fairviewgolfclubwpb@gmail.com](mailto:Fairviewgolfclubwpb@gmail.com)

Application must be received by April 6, 2020 by 10:30 PM EST

