FAIRVIEW GOLF CLUB 2024 SCHOLARSHIP

APPLICATION INFORMATION

Applicant:

- 1. Must be a Palm Beach County Florida resident
- 2. Student must graduate from high school in 2024 and provide the official transcript from the Palm Beach County School attending
- 4. Required to have at least a 2.5 grade point average (GPA)
- 5. Possess and demonstrate good citizenship.
- 6. Must be an African American.
- 7. Must be admitted to or attending an accredited College or University. Proof of registration from the college or university is required before the scholarship funds are disbursed.
- 8. Scholarship award shall not exceed \$1,000. The applicant can only receive one scholarship from Fairview Golf Club.
- 9. All complete applications must be received/postmarked by March 29, 2024. There will be NO exceptions for late applications.
- 10. 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.
- 11. Applicant must not have received a scholarship from the Sunshine State Amateur Golf Association (SSAGA) or any affiliate clubs.
- 12. Golf experience is not necessary but is a plus.



Scholarship Application

Student Information:	tsiip rippiieutoii	
Name:	Date of Birth:	
Phone: Mobile		
Home		
Home Address:		
Email Address:		
Parent/Guardian Information: Father/Guardian: Phone:		
Home Address:		
Occupation:		
Mother/Guardian: Phone: Home Address: Occupation:		
Number of family members in house	sehold:	
Names of siblings attending college/university:		
Student Academic Information:		
Name of High School:		
School Address:		
Graduation Year:	Grade Point Average (GPA):	

<u>List C</u>	Clubs/Organizations or extracura	ricular activities in which you par	rticipated:
Name of Club/Organization		Office held (if applicable)	Years active
1.			
2.			
3.			
4.			
Admi		ten References: From a Teacher tion leader, Employer or Church	
1.	Name		
	Phone: Home/Business	Mobile	
	Address		
2.	Name		
	Phone: Home/Business	Mobile	
	Address		
3.	Name		
	Phone: Home/Business	Mobile	
	Address		
<u>Educa</u>	tional Goals:		
Descri	ibe any golfing experience:		
<u>Colleg</u>	ge/University Attending:		
P	lanned Major	Planned Minor	

Additional information/ comments? Please share with the committee:

Fairview Golf Club, Inc.

Scholarship Application Essay

Please provide a typed or clearly printed written essay below or on a separate page (minimum of 300 words) that responds to the following questions:

- 1. Why should you be awarded this scholarship?
- 2. Why is this scholarship needed for your college education?

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

Application must be received by March 29, 2024 by 5:00 PM EST No late or incomplete applications will be accepted