

# 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 June 1<sup>st</sup> 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](mailto: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: \_\_\_\_\_

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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: \_\_\_\_\_