DIRECTIONS TO APPLY FOR C.C.G.A. SCHOLARSHIP

GRADUATING SENIORS: Follow these directions when applying for a scholarship so there will be no confusion.

1. Applicant completes the first two pages.
2. Make absolutely certain to complete the section that asks you to list the “Two (2)” Central Counties Events in which you participated. These events must have been played during your high school years, grades 9-12. High school matches do not count. (For young ladies, this would have to be two of the CCGA junior tournaments.)
3. Have your parents sign the transcript request form and the counselor/advisor recommendation form and give them to your school counselor or advisor.
4. Get your course pro or CCGA representative to sign your “Club Recommendation Form” and get your school counselor or advisor to sign the “Counselor/Advisor Recommendation Form.”
5. Take your letters and the rest of the application to your school counselor for mailing when complete. Your counselor should mail the following:
   A. The application form (2 pages)
   B. Your transcript request form
   C. The club recommendation letter
   D. The counselor/advisor recommendation letter
   E. Your high school transcript
6. When completed, have the counselor send everything to the following address:
   Michael Funicelli
   2024 Black Snake Rd
   Dysart, PA 16636
7. Ask that these forms be returned by June 1st of your senior year. No applications will be accepted after that date. You must attend college or a trade school the following year.
SCHOLARSHIP APPLICATION FORM

Personal Data:

Legal Name: ____________________________________________

Home Address: ____________________________________________

Home Phone: ____________________________________________

Cell Phone: ____________________________________________

Email Address: ____________________________________________

**Should I text, call or e-mail you upon receipt of your application (check 1)?**

Text Cell _______ Email _______ Call Home _______

Parents’ Names: ____________________________________________(Father)

________________________________________________________(Mother)

Educational Data:

High School Attended: ____________________________________________

Date of Graduation: ____________________________________________

Colleges or trade school that you will be attending:

________________________________________________________

Intended field of study or career program: __________________________

RETURN BY JUNE 1st TO:

Michael Funicelli

2024 Black Snake Rd

Dysart, PA 16636
CENTRAL COUNTIES GOLF ASSOCIATION

SCHOLARSHIP APPLICATION FORM

Golf Data:

Golf club or course where you have played junior golf:

____________________________________________________________________

How long have you been a member? __________________________

Age at which you began to play golf: __________________________

Best eighteen hole score to date: __________________________

Number of rounds played in a typical week during summer vacation: ______

At least two (2) Central Counties events in which you took part:

____________________________________________________________________

Year: ______ Location: __________________

____________________________________________________________________

Year: ______ Location: __________________

____________________________________________________________________

Year: ______ Location: __________________

____________________________________________________________________

Year: ______ Location: __________________

____________________________________________________________________

Year: ______ Location: __________________

____________________________________________________________________

Year: ______ Location: __________________

Other golfing activities in which you participated, not sponsored by CCGA.

(PIAA, Open Tournaments, Etc.):

____________________________________________________________________

Year: ______ Location: __________________

____________________________________________________________________

Year: ______ Location: __________________

____________________________________________________________________

Year: ______ Location: __________________

____________________________________________________________________

Year: ______ Location: __________________

____________________________________________________________________

Year: ______ Location: __________________

RETURN BY JUNE 1st TO:

Michael Funicelli
2024 Black Snake Rd
Dysart, PA 16636
The following student is a candidate for a Central Counties Golf Association junior golf scholarship. The selection committee requests an official transcript of his/her school records. Your prompt attention to this matter is greatly appreciated.

(Student’s name)

I give permission for my child’s school records to be released to the Central Counties Golf Association Selection Committee for scholarship consideration.

(Parent signature)

Please send the transcript by June 1st to:

Michael Funicelli
2024 Black Snake Rd
Dysart, PA 16636
CENTRAL COUNTIES GOLF ASSOCIATION

SCHOLARSHIP APPLICATION FORM

CLUB RECOMMENDATION FORM

Candidate’s Name: ________________________________
Club Name: ______________________________________
Recommender Name: ________________________________
Recommender Title: ________________________________
Date: ______________________________________
Comment or attach a recommendation letter:

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Return by June 1ST TO:

Michael Funicelli
2024 Black Snake Rd
Dysart, PA 16636
CENTRAL COUNTIES GOLF ASSOCIATION

SCHOLARSHIP APPLICATION FORM

COUNSELOR/ADVISOR RECOMMENDATION

The following student is a candidate for a Central Counties Golf Association junior golf scholarship. The selection committee respectfully requests your comments concerning this applicant. We are particularly interested in evidence of maturity, initiative, capacity for growth, good manners and sportsmanship, leadership potential, and enthusiasm. We welcome any information that will better help us to understand him or her in school and the community. Thank you.

________________________________________________________
(Candidate’s Name)

________________________________________________________
(Parent permission to respond)

________________________________________________________
(Counselor/Advisor Name)

RETURN BY JUNE 1st TO:

Michael Funicelli
2024 Black Snake Rd
Dysart, PA 16636