

John Wolfinger Memorial Scholarship Application

INFORMATION FOR SCHOLARSHIP APPLICANTS

1. Candidate must have been a member of The Junior Golf Association of Arizona.
2. A scholarship may not be given to any candidate who will receive financial aid in the sport of golf at an NCAA institution.
3. Candidate must be a graduating high school senior in the year they are applying.
4. Candidates must have a cumulative GPA of 2.5 for all classes taken in high school.
5. Candidates must be outstanding in character, integrity, and leadership. These qualities must have been proven during participation in extracurricular, civic, or community activities.
6. Financial need may be considered before awards are given.

MANDATORY FILING REQUIREMENTS

Completed application is due to the John Wolfinger Memorial Scholarship Committee during the student's senior year of high school. Due to the volume of applications to process, we regret that any incomplete application will be automatically disqualified from further processing. Please refer to the Checklist on Page 7 prior to submission.

All information contained in the Scholarship Application will be kept confidential

1. Answer all questions - indicate "N/A" if not applicable
2. Transcript submitted with the application or sent directly to the John Wolfinger Memorial Scholarship Committee during the student's senior year of high school.
 - o High school transcript through fall semester of 2015
3. Letters of recommendation (from a high school golf coach if applicable) Please use forms included in this packet.
 - a. Instructor recommendation form
 - b. Golf Instructor recommendation form
 - c. Counselor/Registrar report

TRANSCRIPT INFORMATION

1. High School Transcript – seven completed semesters
 - a. Cumulative high school grade point average
 - b. ACT and/or SAT scores

Candidates must make certain that a transcript of their high school grades for seven completed semesters and the results from either the ACT or SAT test are submitted by the high school guidance counselor or registrar along with their report.

Candidates must also be certain that letters of recommendations are received from two of the applicant's high school instructors. The instructions and report for these letters may be found enclosed. In addition, a letter of recommendation from the high school golf coach must accompany the application if the candidate participated in golf during high school.

All applications must be submitted with all required documentation attached during the candidate's senior year. Due to the volume of applications to process, we regret that **any incomplete application will be automatically disqualified from further processing.**

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INSTRUCTIONS

Complete all questions indicating "N/A" if not applicable. Use additional sheets if necessary.

STUDENT INFORMATION SECTION (Please type or print in black ink)

A. Name: _____ B. Date of Birth: _____

C. Social Security Number: _____ D Telephone: _____

E. Address: _____ F. County: _____

G. City: _____ H. State: _____ I. Zip: _____

J. High School: _____

K. Address: _____

L. City: _____ M. State: _____ N. Zip: _____

O. School District: _____

P. Graduation Date: _____

Q. High School GPA: _____ out of _____

R. First enrollment date as a full-time student to college (12 hours minimum) _____

S. College application information (use additional sheet if necessary):

Major: _____

School: _____ Tuition: _____

Address: _____ Room & Board: _____

Accepted: Yes / No Anticipated acceptance date: _____ Class level _____

Athletic scholarship: Yes / No Amount granted: _____

Other Financial aid: Applied: Yes / No Amount requested: _____ Amount granted: _____

Other information on this school application: _____

T. Other financial aid sources

Source	Amount	Date	Period covered
1. _____			
2. _____			
3. _____			
4. _____			

U. JUNIOR GOLF PARTICIPATION

1. JGAA participation: How many years _____ from _____ to _____

2. USGA Handicap _____ or average score _____

Junior Golf Events (event name, golf course, scores, finishing position) List most recent events first

3. _____
4. _____
5. _____
6. _____

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V. School, Church, and Civic Related Activities, Awards and Accomplishments (use additional sheet if necessary)

- 1 _____
- 2 _____
- 3 _____
- 4 _____

W. Name of persons supplying recommendation letters (may use forms included with this packet):

1. Instructor _____
2. Instructor _____
3. Golf Instructor _____
4. Counselor/Registrar Report _____

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Parental Information

<p>What is your parents' marital status as of today? "As of today" refers to the day that you sign this application.</p>	<input type="checkbox"/> Married/Unmarried <input type="checkbox"/> Single <input type="checkbox"/> Divorced/separated <input type="checkbox"/> Widowed
<p>Month and year your parents were married, separated, divorced, or widowed (Example: Month and year: 05/1996)</p>	<p>_____</p>
<p>In 2014, did you, your parents, or anyone in your parents' household receive benefits from any of the federal benefit programs listed? Mark all the programs that apply. The federal benefit programs are listed in the answer column. Report benefits received for all of your parents' household members. Include in your parents' household: (1) your parents and yourself, even if you don't live with your parents; (2) your parents' other children if (a) your parents will provide more than half of their support from July 1, 2013, through June 30, 2014, or (b) the children could answer "No" to every question in Section 2 of this worksheet; and (3) other people only if they live with your parents, your parents provide more than half of their support, and your parents will continue to provide more than half of their support from July 1, 2013, through June 30, 2014.</p>	<input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Food Stamps <input type="checkbox"/> Free or Reduced Price School Lunch <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
<p>Have your parents completed a 2014 IRS income tax return or other income tax return?</p>	<input type="checkbox"/> Already completed <input type="checkbox"/> Will file <input type="checkbox"/> Will not file
<p>What income tax return did your parents file or will they file for 2014?</p>	<input type="checkbox"/> IRS 1040 <input type="checkbox"/> IRS 1040A, 1040EZ <input type="checkbox"/> A foreign tax return <input type="checkbox"/> A tax return with Puerto Rico, another U.S. territory or a freely associated state
<p>If your parents have filed or will file a 1040, were they eligible to file a 1040A or 1040EZ? <small>In general, a person is eligible to file a 1040A or 1040EZ if he or she makes less than \$100,000, does not itemize deductions, does not receive income from his or her business or farm, and does not receive alimony. A person is not eligible to file a 1040A or 1040EZ if he or she makes \$100,000 or more, itemizes deductions, receives income from his or her own business or farm, is self-employed, receives alimony, or is required to file Schedule D for capital gains. If you filed a 1040 only to claim Hope or Lifetime Learning tax credits, and would have otherwise been eligible for a 1040A or 1040EZ, you should answer "Yes."</small></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<p>What was your parents' adjusted gross income for 2014? <small>Adjusted gross income is on IRS form 1040—line 37; 1040A—line 21; or 1040EZ—line 4.</small></p>	<p>\$ _____</p>
<p>How much did your parents earn from working (wages, salaries, tips, combat pay, etc.) in 2014? Answer this question whether or not your parents filed a tax return. This information may be on their W-2 forms, or on IRS Form 1040—lines 7+12+18 +Box 14 of IRS Schedule K-1 (Form 1065); 1040A—line 7; or 1040EZ—line 1.</p>	<p>\$ _____ Father/Stepfather</p> <p>\$ _____ Mother/Stepmother</p> <p>\$ _____</p>

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Parental Information Continued

What is your parents' e-mail address? _____	
What is your father's (or stepfather's) Social Security Number? _____ - ____ - ____	
What is your father's (or stepfather's) last name? _____	
What is your father's (or stepfather's) date of birth? (Example: Month, day and year: 05/07/1960) _____	
What is your mother's (or stepmother's) Social Security Number? _____ - ____ - ____	
What is your mother's (or stepmother's) last name? _____	
What is your mother's (or stepmother's) date of birth? (Example: Month, day and year: 05/07/1960) _____	
What is your parents' state of legal residence? _____	
Did your parents become legal residents of the state before January 1, 2014?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," give month and year legal residency began for the parent who has lived in the state the longest. (Example: Month and year: 05/2003) _____	
What was the amount your parents paid in income tax for 2014? Income tax amount is on IRS Form 1040—line 57; 1040A—line 35; or 1040EZ—line 11.	\$ _____
Enter your parents' exemptions for 2014. Exemptions are on IRS Form 1040—line 6d or 1040A—line 6d. On the 1040EZ, if a person checked either the "you" or "spouse" box on line 5, use EZ worksheet line F to determine the number of exemptions (\$3,300 equals one exemption). If a person didn't check either box on line 5, enter 01 if he or she is single, or 02 if he or she is married.	_____
How many people are in your parents' household? Include in your parents' household: (1) your parents and yourself, even if you don't live with your parents, (2) your parents' other children if (a) your parents will provide more than half of their support from July 1, 2011, through June 30, 2013, or (b) the children could answer "No" to every question in Section 2 of this worksheet, and (3) include other people only if they live with your parents, your parents provide more than half of their support, and your parents will continue to provide more than half of their support from July 1, 2012, through June 30, 2014.	_____
How many people in the question above will be college students in 2013-2014? Always count yourself. Do not include your parents. Include others only if they will attend college at least half time in 2012-2014 in a program that leads to a college degree or certificate.	_____

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PURPOSE

The purpose of the John Wolfinger Memorial Scholarship Program is to encourage and promote the attainment of higher education goals for students who have participated in the JGAA junior golf programs and who have demonstrated a high level of academic achievement during high school or college and who have a financial need.

ELIGIBILITY

The applicant must be enrolling as a full-time student (12 hours minimum/semester) in an accredited two or four-year college or university in the Fall, 2016. Has participated in the JGAA junior golf programs AND the primary residency of the legal guardian is within Arizona.

SCHOLARSHIP BENEFITS

Annual Scholarships will be awarded to 4 applicants. All scholarship funds will be distributed directly to the financial aid office of the college for qualified expenditures- tuition and general fees, expenses for room, board, books and lab fees.

NOTICE: According to NCAA regulations, this scholarship may be deemed as “countable” in computing total financial aid with institutional athletic scholarships. Therefore, the awarding of this scholarship may raise NCAA compliance issues. The John Wolfinger Memorial Scholarship Committee makes no representations or warranties regarding these issues. It is recommended that all compliance issues be addressed by the student/recipient, his or her coach, athletic department personnel, and the NCAA.

The funding of the John Wolfinger Memorial Scholarship is expressly contingent upon verification by the recipient of acceptance as a full-time Bachelor’s Degree candidate in an accredited four-year college or university or an Associate’s Degree candidate in an accredited two-year college. A full-time student is defined as one who is enrolled in 12 or more hours per semester. The recipient and college must notify immediately the John Wolfinger Memorial Scholarship Committee if the recipient’s course load drops below 12 hours. Recipient shall at that time forfeit the right to future scholarship benefits. Extenuating circumstances shall be directed to the John Wolfinger Memorial Scholarship Committee for re-evaluation of continued funding. Any funds not distributed by the college’s financial aid office shall immediately revert to the John Wolfinger Memorial Scholarship Fund and remittance is due within 30 days of such notification.

The awarding of the John Wolfinger Memorial Scholarship is further contingent upon other financial aid grants and/or scholarships received prior to or after the John Wolfinger Memorial Scholarship Committee’s final selection. The John Wolfinger Memorial Scholarship Committee expressly reserves the right and may revoke any commitment to extend scholarship benefits to any applicant receiving any other form of financial aid, grants and/or scholarship for attendance at an accredited four-year college or university or an accredited two-year college.

Recipient must maintain a cumulative 2.5 or equivalent grade point average to be eligible for renewal of the scholarship each semester. Copies of transcripts must be included with annual requests. A request must be made by the recipient for annual disbursement. The college must submit a confirmation to the John Wolfinger Memorial Scholarship Committee prior to receiving any funds.

John Wolfinger Memorial Scholarship Application

CHECKLIST FOR A COMPLETED APPLICATION

Due to the volume of applications to process, we regret that any incomplete application will be automatically disqualified from further processing. Please complete this checklist prior to submitting to the John Wolfinger Memorial Scholarship Committee. Each applicant is responsible for informing sources of transcripts and recommendation letters of this deadline.

- Received by John Wolfinger Memorial Scholarship Committee during the student's senior year of high school.
- All blanks are completed - indicate "N/A" where not applicable.
- Certified High School Transcript
- Recommendation Letters (may use forms included with this packet)
 - Instructors- two
 - Golf Instructor if applicable
 - Counselor/Registrar Report

SCHOLARSHIP APPLICATION CERTIFICATION

I certify that the enclosed information is true and correct to the best of my knowledge as reflected by the appropriate school records. Any false information will automatically void this application.

Applicant's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

Guardian's Name: (Please print): _____

Address and Phone if different from applicants: _____

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INSTRUCTOR REPORT

Candidate should give this form to counselor/registrar along with a stamped envelope addressed to:

John Wolfinger Memorial Scholarship Committee
C/O The Junior Golf Association of Arizona
10888 N 19th Ave
Phoenix, AZ 85029

Concerning Scholarship Candidate: _____

Address: _____

City: _____ State: _____ Zip: _____

	Excellent	Good	Average	Fair	Poor
Cooperation	_____	_____	_____	_____	_____
Courtesy	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Industriousness	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
Self-Control	_____	_____	_____	_____	_____

In your opinion, what kind of scholastic record should this student make at the college level?

Excellent _____ Good _____ Average _____ Fair _____ Poor _____

Comments:

I do _____ I do not _____ recommend this student be appointed a John Wolfinger Memorial Scholarship.

SIGNED _____ PRINT NAME _____ DATE _____

HIGH SCHOOL: _____ POSITION: _____

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INSTRUCTOR REPORT

Candidate should give this form to counselor/registrar along with a stamped envelope addressed to:

John Wolfinger Memorial Scholarship Committee
C/O The Junior Golf Association of Arizona
10888 N 19th Ave
Phoenix, AZ 85029

Concerning Scholarship Candidate: _____

Address: _____

City: _____ State: _____ Zip: _____

	Excellent	Good	Average	Fair	Poor
Cooperation	_____	_____	_____	_____	_____
Courtesy	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Industriousness	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
Self-Control	_____	_____	_____	_____	_____

In your opinion, what kind of scholastic record should this student make at the college level?

Excellent _____ Good _____ Average _____ Fair _____ Poor _____

Comments:

I do _____ I do not _____ recommend this student be appointed a John Wolfinger Memorial Scholarship.

SIGNED _____ PRINT NAME _____ DATE _____

HIGH SCHOOL: _____ POSITION: _____

COUNSELOR/REGISTRAR REPORT

John Wolfinger Memorial Scholarship Application

Candidate should give this form to counselor/registrar along with a stamped envelope addressed to:

John Wolfinger Memorial Scholarship Committee
C/O The Junior Golf Association of Arizona
10888 N 19th Ave
Phoenix, AZ 85029

Concerning Scholarship Candidate: _____

Address: _____

City: _____ State: _____ Zip: _____

	Excellent	Good	Average	Fair	Poor
Cooperation	_____	_____	_____	_____	_____
Courtesy	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Industriousness	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
Self-Control	_____	_____	_____	_____	_____

In your opinion, what kind of scholastic record should this student make at the college level?

Excellent _____ Good _____ Average _____ Fair _____ Poor _____

Comments:

I do _____ I do not _____ recommend this student be appointed a John Wolfinger Memorial Scholarship.

SIGNED _____ PRINT NAME _____ DATE _____

HIGH SCHOOL: _____ POSITION: _____

John Wolfinger Memorial Scholarship Application

GOLF INSTRUCTOR REPORT

Candidate should give this form to golf instructor along with a stamped envelope addressed to:

John Wolfinger Memorial Scholarship
C/O The Junior Golf Association of Arizona
10888 N 19th Ave
Phoenix, AZ 85029

Concerning Scholarship Candidate: _____

Address: _____

City: _____ State: _____ Zip: _____

	Excellent	Good	Average	Fair	Poor
Cooperation	_____	_____	_____	_____	_____
Courtesy	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Golf Proficiency	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
Self-Control	_____	_____	_____	_____	_____

In your opinion, what kind of scholastic record should this student make at the college level?

Excellent _____ Good _____ Average _____ Fair _____ Poor _____

The applicant has a USGA handicap of _____ or a average 18-hole score of _____

The applicant has been a golf student of mine for _____ years.

Comments:

I do _____ I do not _____ recommend this student be appointed a John Wolfinger Memorial Scholarship.

SIGNED _____ PRINT NAME _____ DATE _____

GOLF COURSE: _____ POSITION: _____