



2018 SCHOLARSHIP APPLICATION

This booklet contains the MSWGA Scholarship Application. This scholarship is to be awarded to a graduating senior girl who has been involved with golf. This involvement may include participation on a high school team or in a junior program but she need not be presently participating. This scholarship is **NOT** based on golf skill. Students and parents should read the entire document thoroughly and be sure to complete all areas of the application. If the space provided on the application for responses is inadequate, please feel free to use additional paper. Please title the paper to correspond with the response. **Please note: Your application will not be considered unless you have completed all the requirements listed below.** More than one scholarship is usually awarded.

REQUIREMENTS

The student must:

- 1) Since the MSWGA awards these scholarships only applicants with an established **MSGA Handicap Index will be considered.** (aka MSGA Membership). This handicap index is free to all Junior players. If you do not have a handicap and would like to apply please act quickly and contact Emily@msgagolf.org to see if you are able to obtain one.
- 2) Be entering her Freshman year of College/University
- 3) Be a resident of Montana
- 4) Submit an official copy of her High School Transcript. Include official transcript of high school grades. Class Ranking, GPA, ACT &/or SAT test score questions must be answered and verified by school official.
- 5) Submit a recent photo of herself (if not selected photo will be returned)
- 6) Enclose two (2) sealed appraisal forms. See **SCHOLARSHIP APPLICANT APPRAISAL** pages 10 & 11. The Appraiser should not be your relative; however we realize that some will be related to the Golf appraiser. Please no letters of recommendations.

Before starting please make sure you are working with a complete application. You should have 11 pages including this cover. Please complete the application and attach your photo, copies of your transcript, and letters of recommendation. Applications must be **received** no later than **March 15, 2018**. All applications will be acknowledged upon their delivery. Recipients will be announced after April 25, 2018. Photos of non-winners will also be returned after this date. **PLEASE USE BLACK or BLUE INK or TYPE. NO PENCILS.**

Montana State Women's Golf Association Scholarship Application

Name: _____
Last First MI

Mailing Address _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone _____

E-mail: _____ Date of Birth: _____

High School: _____

Golf Coach/Golf Professional/Golf Program Director's Name & Telephone:

NAME. TELEPHONE

HS cumulative GPA: _____ Best ACT score _____ Best combined SAT score _____

Graduation date: _____ Class Rank _____ Number of students in class _____

On the following page, please list your **high school playing record.**

Due to the difference in golf seasons for different high schools, please list your LAST THREE playing seasons. If you attend a class A or AA school, list only your 10th, 11th and 12th years. If you attend a class B or C school, list only your 9th, 10th, and 11th years.

List 18-hole events on the top half of the page; List 36-hole events on the bottom half of the page.

High School Playing Record

Event	Year(s)		Event	Year(s)
Event	Year(s)		Event	Year(s)
Event	Year(s)		Event	Year(s)
Event	Year(s)		Event	Year(s)
Event	Year(s)		Event	Year(s)
Event	Year(s)		Event	Year(s)
Event	Year(s)		Event	Year(s)

*****↑*****
List 18-hole events on the top half of the page; List 36-hole events on the bottom half of the page.
 *****↓*****

Event	Year(s)		Event	Year(s)
Event	Year(s)		Event	Year(s)
Event	Year(s)		Event	Year(s)
Event	Year(s)		Event	Year(s)
Event	Year(s)		Event	Year(s)
Event	Year(s)		Event	Year(s)
Event	Year(s)		Event	Year(s)

Amateur Playing Record

PLEASE DO NOT DUPLICATE EVENTS

Prior to 9th grade, did you ever participate in the Montana State Women’s Amateur Championship? _____

Prior to 9th grade, did you ever participate in the Montana State Golf Association’s District & State Junior Amateur Tournaments? _____

Did you ever qualify for the Montana Junior America’s Cup Team or the Alberta/Montana Cup Team and were unable to participate in either because of a conflict? _____

If you answered “YES” to one or more of the above questions, please list the event and year below:

Please list your AMATEUR playing record during grades 9 through 12, other than high school golf team events. List the event and date. i.e. Charity Events, Invitationals, Junior/Ladies League, Club Championships, Junior Tour Events

If additional space is needed, copy this page and attach it.

_____/_____
Event Yr(s)

_____/_____
Event Yr(s)

_____/_____
Event Yr(s)

_____/_____
Event Yr(s)

_____/_____
Event Yr(s)

_____/_____
Event Yr(s)

_____/_____
Event Yr(s)

_____/_____
Event Yr(s)

Leadership & Mentoring Positions

Please state the name of the organization, position held, and grade(s) position was held from grades 9 through 12. Please start with the most recent.

_____/_____/_____
Organization Position Year(s)

_____/_____/_____
Organization Position Year(s)

_____/_____/_____
Organization Position Year(s)

_____/_____/_____
Organization Position Year(s)

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Organization Position Year(s)

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Organization Position Year(s)

_____/_____/_____
Organization Position Year(s)

_____/_____/_____
Organization Position Year(s)

Activities & Organizations you participated in for one year

Include all scholastic, extracurricular, civic, and church organizations that you participated in for one year during high school, even those listed in “Leadership Positions.” Please list the name of the organization and the year you were involved, starting with the most recent.

Organization	Yr(s)	Organization	Yr(s)
Organization	Yr(s)	Organization	Yr(s)
Organization	Yr(s)	Organization	Yr(s)
Organization	Yr(s)	Organization	Yr(s)
Organization	Yr(s)	Organization	Yr(s)

Activities & Organizations you participated in for two years

Organization	Yr(s)	Organization	Yr(s)
Organization	Yr(s)	Organization	Yr(s)
Organization	Yr(s)	Organization	Yr(s)
Organization	Yr(s)	Organization	Yr(s)
Organization	Yr(s)	Organization	Yr(s)
Organization	Yr(s)	Organization	Yr(s)

Activities & Organizations you participated in for three or more years

Organization	Yr(s)	Organization	Yr(s)
Organization	Yr(s)	Organization	Yr(s)
Organization	Yr(s)	Organization	Yr(s)
Organization	Yr(s)	Organization	Yr(s)
Organization	Yr(s)	Organization	Yr(s)

Community and Volunteer Service

Please list community service or volunteer work you have performed without pay from January 1 through December 31 of this past calendar year. (2017)

Agency or Organization	Type of Work	Dates participated	Total Hours

Honors and Awards

Please list scholastic, extracurricular and civic honors and awards you have received during high school. State the nature of the award or honor and the grade in which you received it. Do not abbreviate. If necessary, attach an additional page.

Honor or Award Year(s)

Honor or Award Year(s)

Honor or Award Year(s)

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Honor or Award Year(s)

Honor or Award Year(s)

Honor or Award Year(s)

Honor or Award Year(s)

In the space provided, write a brief essay stating your career aspirations and how you hope to achieve these life goals.

REMINDER TO PLEASE CHECK YOUR APPLICATION—11 pages to be returned
Any incomplete application will be disqualified

-Do you have an MSGA Handicap (Membership)?
-Did you fill out the application in its entirety?
-Did you enclose two sealed appraisal forms, copy of transcript, & photo?
-Did you obtain all the necessary signatures below?
-Did you sign the application below?

Certification

Please have the following people sign this certification. Their signature verifies this application to be true and correct.

High School Principal/Counselor (to verify transcript, GPA, Ranking, ACT &/or SAT)

Golf Coach/Golf Professional/Golf Program Director (to verify school/amateur golfing record)

Parent/Guardian

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

Applicant's Signature

Date

Completed applications and supporting documents ***MUST BE RECEIVED*** (not postmarked) no later than **March 15, 2018**. So please mail early to allow for delivery time.

Mail to: Montana State Women's Golf Association
Carla Berg, Executive Secretary/Director
P. O. Box 52
Sidney, MT 59270

Any questions may be addressed to Carla at the above address or by e-mailing:
lmswga@gmail.com or telephoning 406-480-1912 (MSWGA cell)

SCHOLARSHIP APPLICANT APPRAISAL
Someone from your school, church or community organization

Please have an individual that is **NOT** related to you but is someone from either your school, church or community organization that you are involved in complete this form.

Note to Appraiser: To ensure confidentiality, please return to student in a sealed envelope with your signature across the seal. Please state your Title.

Note to Student: An appraisal received with a broken seal will be rejected. Please be sure your appraiser has sealed & signed the envelope.

Please tell us how you know _____ and how long you have known her. _____
Student's name

CHECK APPROPRIATE COMMENT

Do the applicant's achievements Reflect their potential? _____good _____fair _____needs improvement

Does the applicant have the ability to set realistic and obtainable goals? _____good _____fair _____needs improvement

Is the applicant able to seek, find and use learning resources appropriately? _____good _____fair _____needs improvement

Does the applicant demonstrate good problem solving skills? _____good _____fair _____needs improvement

Does the applicant display and show respect for self & peers? _____good _____fair _____needs improvement

What leadership/mentoring skills does this applicant display? _____

Has the applicant ever failed to follow through and complete significant tasks one started? Y/N

If yes, please explain _____

Additional comments—PLEASE-- no Letters of Recommendation will be accepted _____

Appraiser Signature

Title

Date

SCHOLARSHIP APPLICANT APPRAISAL
Golf Coach, Golf Professional or Director of Golf

Please have your Golf Coach, Golf Professional or Director of Golf complete this form.

Note to Appraiser: To ensure confidentiality, please return to student in a sealed envelope with your signature across the seal. Please state your Title.

Note to Student: An appraisal received with a broken seal will be rejected. Please be sure your appraiser has sealed & signed the envelope.

Student's name _____

CHECK APPROPRIATE COMMENT

Do the applicant's achievements reflect their potential? _____ good _____ fair _____ needs improvement

Does the applicant have the ability to set realistic and obtainable goals? _____ good _____ fair _____ needs improvement

Is the applicant able to seek, find and use learning resources appropriately? _____ good _____ fair _____ needs improvement

Does the applicant demonstrate good problem solving skills? _____ good _____ fair _____ needs improvement

Does the applicant display and show respect for self & peers? _____ good _____ fair _____ needs improvement

What leadership/mentoring skills does this applicant display? _____

Is the applicant a good sportsman in victory as well as defeat? Y/N if No please explain _____

Additional comments—PLEASE-- no Letters of Recommendation will be accepted

Appraiser Signature

Title

Date