

## Long Island Caddie Scholarship Fund

114 Old Country Road, Suite LL80 Mineola, NY 11501 Phone: 516-746-1015



liga@longislandgolf.org www.longislandgolf.org

# APPLICATION FOR SCHOLARSHIP DUE JUNE 15TH

#### **ELIGIBILITY & REQUIREMENTS**

- 1. A candidate must have served a minimum of two seasons in "service to golf" at a Long Island club. "Service to golf" includes caddying or work in the golf shop, bag room, practice range or golf course.
- 2. A candidate must clearly establish his/her financial need for scholarship aid.
- 3. A candidate must have applied to or attend a university, college, or accredited trade school, and must demonstrate scholastic ability.
- 4. A candidate must be of outstanding character, integrity and leadership.

#### **HOW TO APPLY**

- 1. Fill out this application form and return it to the Long Island Caddie Scholarship Fund (LICSF) office no later than June 15th. You will receive an email from the LICSF office confirming receipt of your application.
- 2. In order to complete the application, it will be necessary to submit the following supporting documents:
  - a. High School transcript and SAT or ACT scores
  - b. College transcript, if applicable
  - c. Copy of FAFSA filed with the Federal Student Aid Programs\*
  - d. Copy of SAR result of FAFSA filing with EFC number
  - e. Copy of applicant and family's most recent income tax return
  - f. Copy of Financial Aid Letter once it is received from the college or university of choice. This FAL contains information on grants, loans and work study.
- 3. Once the Application is received, the candidate will be contacted by the LICSF to set-up an interview.

<sup>\*</sup>The FAFSA may be obtained from high school guidance office, college financial aid office, by visiting www.fafsa.ed.gov or by calling 1-800-4-fed-aid (1-800-433-3243).

#### Please Print in Ink

| I. Name of  | Applicant   | Last               |                      | First       |                 |                           | iddle          |
|---|---|--------------------|----------------------|-------------|-----------------|---------------------------|----------------|
| 2. Home A   | ddress  |                    | Apt. Fl.             | (           | City            | State                     | Zip            |
| 3. Home Telephone # ( )   |   |                    |                      |             |                 |                           |                |
| 5. Email  |   |                    | 6. School E          | Email (if k | nown)           |                           |                |
| 7. D.O.B  | D.O.B 8. SS # 9. Are you a Citizen? [ ]Yes [ ]No Status |                    |                      |             |                 |                           |                |
| 10. Give tv   |   | es (not related to |                      |             |                 | known you for several     |                |
| a.  | Name  |                    |                      |             |                 |                           |                |
|   | Address   |                    |                      |             |                 |                           |                |
|   | City  |                    |                      | State       | Zip             | Phone                     |                |
| b.  | Name  |                    |                      |             |                 |                           |                |
|   | Address   |                    |                      |             |                 |                           |                |
|   | City  |                    |                      | State       | Zip             | Phone                     |                |
| 11. List of I   | High School(s) attende                                  | ed                 |                      |             |                 |                           |                |
| a.  | Name and Location                                       | 1                  |                      |             |                 |                           |                |
|   | Entrance Date   |                    | Withdraw             | al Date _   |                 |                           |                |
|   | Diploma/Degree Re                                       | eceived            |                      |             |                 |                           |                |
|   | Reason for Withdray                                     | wal Other than C   | Graduation           |             |                 |                           |                |
| b.  | Name and Location_                                      |                    |                      |             |                 |                           |                |
| Entrance Date   |   |                    | Withdraw             |             |                 |                           |                |
|   | Diploma/Degree Re                                       | eceived            |                      |             |                 |                           |                |
|   | Reason for Withdrav                                     | wal Other than C   | Graduation           |             |                 |                           |                |
|   | riefly your participatio<br>(Attach additional pa       |                    | nletic and non-athle | etic activi | ties and list a | Ill elective offices held | l in secondary |
| 13. Indicate  | e the subject(s) or prof                                | fession in which   | you may wish to sp   | ecialize _  |                 |                           |                |
| 14. Father's Occupation Factorial Father's Occupation Father |   |                    | Father's             | Employe     | er              |                           |                |
|   |   | -                  |                      |             |                 |                           |                |
| 15. Mother's Occupation Mother's Employer   |   |                    |                      |             |                 |                           |                |
|   |   |                    |                      |             |                 |                           |                |
|   |   |                    |                      |             |                 |                           |                |
| 17. Percent   | tage of parental contr                                  | ibution per year   | for your total colle | ege expen   | ises            | %                         |                |
|   |   |                    |                      |             |                 | 21. Number gradı          | uated college  |
|   |   |                    |                      |             |                 | Scholarship? [ ]Yes       |                |
| If yes, p   | olease list name, scho                                  | ool and year       |                      |             |                 | ·<br>                     |                |

### Please Print in Ink Name of Applicant \_\_\_\_\_ Please First Middle Alternate Address (school) \_ attach a Number & Street Apt. Fl. Photograph City State here College or University (List in order of preference) Date Application Filed / Accepted? Institution Name Please check type of studies: Trade School [ ] Undergraduate [ ] **Indicate your Service to Golf:** (please print) Club Name \_\_\_ Type of work \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_ From Years \_\_\_\_\_\_ to \_\_\_\_\_ Hours Per Week Indicate any recognition, awards or honors \_\_\_\_\_ Club Name \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_ From Years \_\_\_\_\_\_ to \_\_\_\_\_ Hours Per Week \_\_\_\_\_ Indicate any recognition, awards or honors \_\_\_\_\_ **SCHOOL ENDORSEMENT** \_\_\_\_\_ (Applicant's Name) and certify that the I have read the application of \_\_\_ applicant is of good character and has a satisfactory scholastic record. Signature of School Officer Title Date Comments: \_

| Remarks: (Please add any         | additional information tha  | t may be helpful. Attach a    | additional pages if needed).    |  |  |  |  |
|----------------------------------|---|-------------------------------|---------------------------------|--|--|--|--|
|                                  |   |                               |                                 |  |  |  |  |
|                                  |   |                               |                                 |  |  |  |  |
|                                  |   |                               |                                 |  |  |  |  |
|                                  |   |                               |                                 |  |  |  |  |
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|                                  |   |                               |                                 |  |  |  |  |
|                                  |   |                               |                                 |  |  |  |  |
|                                  |   |                               |                                 |  |  |  |  |
|                                  |   |                               |                                 |  |  |  |  |
|                                  | CLUB EN   | IDORSEMENT                    |                                 |  |  |  |  |
| I hereby certify that the fo     | orgoing information relative  | e to "service to golf" is con | firmed by the records of        |  |  |  |  |
|                                  | C   | lub Name                      |                                 |  |  |  |  |
|                                  |   |                               |                                 |  |  |  |  |
| Signature of Caddie Master or Go | olf Professional **   | Title                         |                                 |  |  |  |  |
| The Applicant's service at       | the Club is considered to   | be [ ]Full Time [ ]Par        | t Time                          |  |  |  |  |
| **Both Signatures are Re         |   |                               |                                 |  |  |  |  |
|                                  | PARENT/GUARE  | DIAN ENDORSEMENT              |                                 |  |  |  |  |
| As the                           | e of this applicant, I hereby declare that the estimated dollar amount I (we) |                               |                                 |  |  |  |  |
| expect to contribute to the      | e applicant's annual cost of  | school is \$                  |                                 |  |  |  |  |
| I declare that:                  |   |                               |                                 |  |  |  |  |
|                                  | ng application for a LI Cado  | die Scholarship as filled ou  | it by the applicant.            |  |  |  |  |
| 2. The answers given are         | true and correct.   | ·                             |                                 |  |  |  |  |
| 3. I approve this applicati      | on for scholarship aid.   |                               |                                 |  |  |  |  |
| Signature of Parent/Guardian     |   |                               | Date                            |  |  |  |  |
| Number & Street                  | Apt. Fl.  | City                          | State Zip                       |  |  |  |  |
| I declare that the answers       | s given in this foregoing ap  | plication for a LI Caddie S   | cholarship are true to the best |  |  |  |  |
| of my knowledge.                 |   |                               |                                 |  |  |  |  |
| Applicant's Signature            |   |                               | Date                            |  |  |  |  |