
THE SUNSHINE STATE AMATEUR GOLFERS ASSOCIATION, INC.

SUPPLEMENTAL SCHOLARSHIP AWARD APPLICATION

Date of Application: _____

Name: (Please Print) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Age: _____ Gender: _____

Social Security Number: _____

Marital Status: _____ Number of Dependents: _____

Member Name Reviewing Application: _____

Member Address: _____

Hippa Law Will Be Observed

All requested information with regards to parents permission will be exercised. In this packet will be included an additional form for Parent's Signature.

- When the applicant completes this application, return the application to the S.S.A.G.A. club member or the member of the club you received it from.
- The club member or S.S.A.G.A. member will review the application, assuring that all questions and information requested are completed.
- The club member or S.S.A.G.A. member will send the application by certified mail, FedEx or other **secure** means including a **signature confirmation** to:

Scholarship Committee Chairman

Robert C. Saffold

608 Bowman Ave., Sebring, FL 33870

Please, No Hand Delivery!
