



SCHOLARSHIP APPLICATION

2316 Southern Blvd. Suite D
Rio Rancho, NM 87124

An Amateur Golf Association serving New Mexico and West Texas

PLEASE PRINT

Applicant's Name (Last - First - Middle) Social Security #

Address (City - State - Zip) Phone # ( ) -

E-mail address

Father's Name (Last - First - Middle) Social Security #

Address (City - State - Zip) Phone # ( ) -

E-mail address

Mother's Name (Last - First - Middle) Social Security #

Address (City - State - Zip) Phone # ( ) -

E-mail address

Applicant's High School or College Phone # ( ) -

Address (City - State - Zip)

Date of Graduation / / with GPA of

Please Have Your High School Send Transcript Through Your Junior Year or Send College Transcript for First Year.

REFERENCES: One SCAGA member must be listed who will certify applicant's connection with golf. List two other personal references. Have all three provide letters of recommendation.

1. SCAGA Member

2.

3.

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**CERTIFICATION:** All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I will provide proof of any information.

Student's Signature \_\_\_\_\_ / /  
Father's Signature \_\_\_\_\_ / /  
Mother's Signature \_\_\_\_\_ / /

**INCOME & HOUSEHOLD INFORMATION: (Please Attach a Copy of Most Current Income Tax Return).**

Parent's current marital status is:  Single  Divorced  
 Married  Widowed  
 Separated

Income from IRS Form \_\_\_\_\_ \$ \_\_\_\_\_  
(Parents Combined Income)

Last Years Income of Applicant, if Any \$ \_\_\_\_\_

Number of family members: \_\_\_\_\_

\* Write in the total number of people that you will support this current year. Always include the student, yourself, and anyone who receives more than half of their support from you.

Number of college students: \*\* \_\_\_\_\_

(Of the total in \*\* write the number of family members who will be attending college at least half-time. **Include the student who is applying for aid.**)

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**DIVORCED or SEPARATED PARENTS:** To be completed by the parent who files this application.)

Date of divorce or separation. \_\_\_\_\_ / \_\_\_\_\_  
Month / Year

|   | Previous Year | Current Year (Estimated) |
|---|---------------|--------------------------|
| Amount of child support received for the student. | \$ _____      | \$ _____                 |

|  |          |          |
|--|----------|----------|
| Amount of alimony received by the parent who completes this application. | \$ _____ | \$ _____ |
|--|----------|----------|

Is there an agreement specifying a contribution for the student's education? YES  NO

If Yes, how much per year? \$ \_\_\_\_\_

Who claimed the student as a tax exemption last year?  
\_\_\_\_\_

Where did you hear about the Sun Country Scholarship Fund?  
\_\_\_\_\_  
\_\_\_\_\_

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If there are any special circumstances that affect your income statement as reported, explain in the space below.

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