## 2023 SCOVILLE-MENO TCGA SCHOLARSHIP APPLICATION FORM

STUDENTS NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
DATE OF BIRTH:			
HIGH SCHOOL:		PHONE #:	
GUIDANCE COUNSELC	OR'S NAME:		
GOLF COACH'S NAME			
PARENT'S OR GUARDI	AN'S NAME:		
Description of Golf Achie	vements: (Provide	attachment if necessary)	

Description of Academic Achievements: (Provide attachment if necessary)

## Please attach a written recommendation from your golf coach, PGA Professional or Golf Course Owner/Manager from a TCGA Member Course.

Application materials **must** be mailed to: TCGA Junior Golf 214 Kent Avenue PMB 286 Endwell, NY 13760

Any questions or concerns may be directed to: tcgagolf@gmail.com



All materials must be postmarked by June 30<sup>th</sup>, 2023.

Scoville-Meno