## 2024 SCOVILLE-MENO TCGA SCHOLARSHIP APPLICATION FORM

STUDENTS NAME: _			
		ZIP CODE:	
E-MAIL ADDRESS:			
		PHONE #:	
HIGH SCHOOL:		_ PHONE #:	
GUIDANCE COUNSELO	OR'S NAME: _		
GOLF COACH'S NAME	·		
PARENT'S OR GUARD	IAN'S NAME: _		
Description of Golf Achie	evements: (Provid	e attachment if necessary)	
Description of Gon Heme	vements. (110vid	o actualisment is necessary)	
Description of Academic	Achievements: (P	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 scanned and emailed to <u>tcgagolf@gmail.com</u> or mailed to:

TCGA Junior Golf

214 Kent Avenue

PMB 286

Endwell, NY 13760

Any questions or concerns may be directed to: <a href="mailto:tcgagolf@gmail.com">tcgagolf@gmail.com</a>





All materials must be postmarked by June 15th, 2024.

