

# Gary Philbrick Memorial Golf Scholarship Application

## Requirements:

- 1) Applicants must be going to college or in college planning a career in the golf industry, sports management or agronomy.
- 2) You must live in one of the towns on Cape Cod & the Islands.
- 3) Interview is required (candidates must dress in proper golf attire).
- 4) It is need-based and you must maintain a GPA of at least 3.0.

## Applicant Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone or cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Family Information:

### Father:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone or cell: \_\_\_\_\_

### Mother:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone or cell: \_\_\_\_\_

Education Information:

High School: \_\_\_\_\_

College Attending: \_\_\_\_\_

Year of Graduation from high school: \_\_\_\_\_

Or Year in College: \_\_\_\_\_

Awards & Activities- clubs, sports, community service (extra sheets can be added)

Two References (nonfamily) - one can be a teacher/professor.

Name: \_\_\_\_\_ Ph# \_\_\_\_\_

Name: \_\_\_\_\_ Ph# \_\_\_\_\_

Essay: A personal statement explaining why you choose to pursue a career in golf, sports management or agronomy. What are your personal goals and why do you feel you qualify for this scholarship?

Financial:

- 1) Number of family members attending college full-time next year and the colleges they are attending (including your self):

\_\_\_\_\_  
\_\_\_\_\_

- 2) Amount of tuition paid per family member:

\_\_\_\_\_  
\_\_\_\_\_

- 3) What sources of money can you count on for school this year? (Do not include loans):

1) Parents/Relatives: \_\_\_\_\_

2) Your savings: \_\_\_\_\_

3) Other known financial aid (grants, awards, and scholarships): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) Total anticipate financial need: \_\_\_\_\_

4) FAFSA- you have to submit a copy of your EFC (Expected Family Contribution).

5) Transcript- you have to submit a copy of either your high school or college transcript.

Employment:

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Employment dates for the job: \_\_\_\_\_

Salary: \_\_\_\_\_

(If necessary: On a separate piece of paper list any additional information or special circumstances etc.- learning disability, medical condition, unexpected/ special financial circumstances)

Signature: (I attest to the following information)

Guardian/Parent name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Send Application to:

Gary Philbrick Memorial Scholarship  
PO Box 838  
South Dennis, Massachusetts 02660

**Deadline to be postmarked by: May 31**