

High School Golf Membership Membership Agreement & Application Form

I, the undersigned, hereby make application for a McConnell Golf High School Golf Scholarship, subject to all terms, conditions, and restrictions relating to membership in McConnell Golf as outlined in the McConnell Golf (MCG) 2013 Membership Plan, Rules and Regulations. It is understood that this application is subject to the approval of the MCG owners and is also subject to a ninety-day probationary period. I understand that any false information provided regarding acceptance into any membership classification could result in immediate revocation of membership.

I as a parent/guardian agree that I have reviewed the program details and understand that a MCG scholarship application does not guarantee acceptance. Scholarship awards shall not be denied on account of race, religion, gender or national origin.

Applicant Full Name	Applicant Signature	Date
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Parent/Guardian Full Name	Applicant Signature	Date
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Membership Information of Applicant / Junior

PLEASE PRINT NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

EMAIL _____

References

COACH: _____

OTHER: _____

OTHER: _____

High School (Attach any supporting documents or more detailed answers to below questions.)

SCHOOL NAME: _____

GRADE: _____

GPA: _____

GOLF TEAM/MEMBER HOW LONG: _____

COACH NAME: _____

RECOMMENDATIONS/COMMENTS: _____

Please give a brief description of financial situation and need:

INTEREST IN PLAYING ON COLLEGE LEVEL: _____

Tournament Participation (please attach a list tournament results if necessary)

WHEN: _____

WHERE: _____

YEAR: _____

Place
Finished: _____

HANDICAP: _____

Financial Need Level

Circle One

HIGH MEDIUM LOW

Membership Information of Parent / Guardian

Parent/Guardian

PLEASE PRINT NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

COMPANY NAME _____ TITLE _____

BUSINESS ADDRESS _____ CITY _____

STATE _____ ZIP _____ BUSINESS PHONE _____ FAX _____

MOBILE PHONE _____

E-MAIL ADDRESSES _____

Office Use

APPLICATION REVIEWED AND ACCEPTED ON _____

SIGNATURE _____ NAME _____

MEMBERSHIP NUMBER _____ ISSUED ON _____ BY _____

COMMENTS _____