

DIRECTIONS TO APPLY FOR C.C.G.A. SCHOLARSHIP

GRADUATING SENIORS: Follow these directions when applying for a scholarship so there will be no confusion.

1. Applicant completes the first two pages.
2. Make **absolutely certain** to complete the section that asks you to list the “Two (2)” Central Counties Events in which you participated. These events **must** have been played during your high school years, grades 9-12. High school matches do not count. (For young ladies, this would have to be two of the CCGA **junior** tournaments.)
3. Have your parents sign the transcript request form and the counselor/advisor recommendation form and give them to your school counselor or advisor.
4. Get your course pro or CCGA representative to sign your “Club Recommendation Form” and get your school counselor or advisor to sign the “Counselor/Advisor Recommendation Form.”
5. Take your letters and the rest of the application to your school counselor for mailing when complete. Your counselor should mail the following:
 - A. The application form (2 pages)
 - B. Your transcript request form
 - C. The club recommendation letter
 - D. The counselor/advisor recommendation letter
 - E. Your high school transcript
6. When completed, have the counselor send everything to the following address:

Michael Funicelli
2024 Black Snake Rd
Dysart, PA 16636
7. Ask that these forms be returned by June 1st of your senior year. **No applications will be accepted after that date.** You must attend college or a trade school the following year.

CENTRAL COUNTIES GOLF ASSOCIATION

SCHOLARSHIP APPLICATION FORM

Personal Data:

Legal Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

**Should I text, call or e-mail you upon receipt of your application (check 1)?

Text Cell _____ Email _____ Call Home _____

Parents' Names: _____(Father)

_____ (Mother)

Educational Data:

High School Attended: _____

Date of Graduation: _____

Colleges or trade school that you will be attending:

Intended field of study or career program: _____

RETURN BY JUNE 1st TO:

Michael Funicelli
2024 Black Snake Rd
Dysart, PA 16636

CENTRAL COUNTIES GOLF ASSOCIATION

SCHOLARSHIP APPLICATION FORM

Golf Data:

Golf club or course where you have played junior golf:

How long have you been a member? _____

Age at which you began to play golf: _____

Best eighteen hole score to date: _____

Number of rounds played in a typical week during summer vacation: _____

At least two (2) Central Counties events in which you took part:

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

Other golfing activities in which you participated, not sponsored by CCGA.

(PIAA, Open Tournaments, Etc.):

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

RETURN BY JUNE 1st TO:

Michael Funicelli
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CENTRAL COUNTIES GOLF ASSOCIATION

SCHOLARSHIP APPLICATION FORM

HIGH SCHOOL TRANSCRIPT REQUEST FORM

The following student is a candidate for a Central Counties Golf Association junior golf scholarship. The selection committee requests an official transcript of his/her school records. Your prompt attention to this matter is greatly appreciated.

(Student's name)

I give permission for my child's school records to be released to the Central Counties Golf Association Selection Committee for scholarship consideration.

(Parent signature)

Please send the transcript by June 1st to:

Michael Funicelli
2024 Black Snake Rd
Dysart, PA 16636

CENTRAL COUNTIES GOLF ASSOCIATION

SCHOLARSHIP APPLICATION FORM

CLUB RECOMMENDATION FORM

Candidate's Name: _____

Club Name: _____

Recommender Name: _____

Recommender Title: _____

Date: _____

Comment or attach a recommendation letter:

Return by June 1ST TO:

Michael Funicelli
2024 Black Snake Rd
Dysart, PA 16636

CENTRAL COUNTIES GOLF ASSOCIATION

SCHOLARSHIP APPLICATION FORM

COUNSELOR/ADVISOR RECOMMENDATION

The following student is a candidate for a Central Counties Golf Association junior golf scholarship. The selection committee respectfully requests your comments concerning this applicant. We are particularly interested in evidence of maturity, initiative, capacity for growth, good manners and sportsmanship, leadership potential, and enthusiasm. We welcome any information that will better help us to understand him or her in school and the community. Thank you.

(Candidate's Name)

(Parent permission to respond)

(Counselor/Advisor Name)

RETURN BY JUNE 1st TO:

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Dysart, PA 16636