

# 2019 Application for Scholarship Roanoke Valley Golf Hall of Fame

Please print out form, complete and mail to:

Mr. Brandon LaCroix  
Merrill Lynch  
114 Market Street – Suite 200  
Roanoke, VA 24011

For questions, call Brandon at 540-985-5414 or e-mail [Brandon\\_LaCroix@ML.com](mailto:Brandon_LaCroix@ML.com). Deadline is April 1<sup>st</sup>, 2019.

Name:

Birth Date:

Telephone Number:

E-mail:

Street Address:

City/State:

Zip Code:

High School:

Class Rank:

GPA

Graduation Date:

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College/University (applies only to college applicants)

Class:

GPA:

College to be attended next academic year:

Yearly cost:

List all activities, awards, honors, clubs, community service, etc.:

List three character references (exclude relatives):

Name:

City/State:

Telephone Number:

Name:

City/State:

Telephone Number:

Name:

City/State:

Telephone Number:

Please state your reasons for applying for these scholarships:

Please explain your level of interest in golf and how golf has influenced you personally.

Golf club affiliation or courses that you most frequently play:

What are your plans following college?

## Financial Information

In order to distribute the award equitably, your financial need must be carefully evaluated. Please complete the following information in its entirety, taking care to provide accurate, up-to-date information. If you are unmarried, state this in the space beside spouse. If your parents are deceased, state this in the space beside mother/father. *(\*this information is confidential and will only be shared with the scholarship committee\*)*

### Applicant

Name:

Address:

Employer:

Occupation:

Previous Year's Gross Annual Income:

Est. Gross Income This Year:

### Applicant's Mother

Name:

Address:

Employer:

Occupation:

Previous Year's Gross Annual Income:

Est. Gross Income This Year:

**Applicant's Father**

Name:

Address:

Employer:

Occupation:

Previous Year's Gross Annual Income:

Est. Gross Income This Year:

**Applicant's Guardian**

Name:

Address:

Employer:

Occupation:

Previous Year's Gross Annual Income:

Est. Gross Income This Year:

Please list all other persons who are dependent upon the above incomes:

Name:

Age:

School:

Grade:

Relation to Applicant:

Name:

Age:

School:

Grade:

Relation to Applicant:

Name:

Age:

School:

Grade:

Relation to Applicant:

What is the yearly cost of the college/university you will be attending?

How do you plan to pay?

What other scholarships or awards have you applied for? Have you received any? How much are these awards?

Are there any funds earmarked for your tuition and college expenses? (pre-paid tuition plans, 529 college savings plans, UTMA/UGMA accounts, other education savings vehicles) If so, please provide dollar amounts.

Please list any scholarships, grants, or other forms of financial assistance (e.g., trust funds, assistance from relatives) that apply to other family members who are attending college during the next school year.

Are your parents divorced? YES or NO

Is either parent legally obligated to contribute to your college education? YES or NO

If yes, please describe the nature of this obligation?

Have you filed a financial aid form with the college scholarship service? YES or NO

*REMEMBER: A high school transcript with SAT scores or an up-to-date college transcript with your current academic standing must accompany this application. Without an up-to-date transcript, the application will not be considered.*