



Scholarship Application

Only complete applications can be considered.

About The Junior

Name: _____ Date of Birth: ___/___/___

Age: ___ Sex: M F Current Grade: ___ Do you reside in FL? YES NO

Are you Villages Charter School Eligible? YES NO

Do you qualify for the free lunch program? YES NO

Are the parents or grandparents staff of the Country Club Division? YES NO

Are you currently a member of or joining the Junior Golf Academy? YES NO

Did you participate in last year's summer camp(s)? YES NO

Which week(s) of summer camps are you interested in?

June 2 - 4	June 16 - 18	July 14 - 16
June 9 - 11	July 7 - 9	July 21 - 23

Parent / Guardian Information

Name(s): _____

Primary Contact #: () _____ Alt: () _____

Email address: _____

Alt. email address: _____

Street address: _____

City: _____ ST: _____ Zip Code: _____

Please share why you would like to be a part of junior golf and how a scholarship would help.

Remit this form to: Trent.Reeves@TheVillages.com or mail to: The Villages Golf Academy, 1625 Palmer Way, The Villages, FL 32162