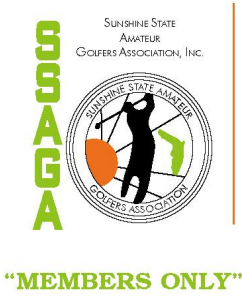


Sunshine State Amateur Golfers Association, Inc.



**SSAGA College
Scholarship Awards
Application**

For SSAGA Members Only

Sponsor Information: All scholarship applications must be sponsored and recommended by a SSAGA Member. The Member must verify that the applicant is a full-time student at a College or University, confirm that the applicant reflects the qualities of the SSAGA, and determine the applicant is worthy of the financial assistance provided by the SSAGA.

Name of SSAGA Sponsor (Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature of SSAGA Sponsor: _____

My signature verifies that the application is a full-time student at a College or University; it confirms that the applicant reflects the qualities of the SSAGA, and that I have determined that the applicant is worthy of financial assistance. I also verify that this applicant is not a family member relative and that I will not receive an excessive benefit from this award.

SSAGA Sponsor recommendation statement (Use only space provided)

Sunshine State Amateur Golfers Association, Inc.

Applicant Information: An applicant must identify a SSAGA Sponsor to serve as an advocate and advisor to become a candidate to receive a SSAGA Scholarship. Sponsor must direct applicant to visit www.ssagafl.org to satisfy the Open Application Period, How to Apply, and How to Submit an Application request for information criteria.

Name of Applicant: (Print) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Applicant is currently enrolled at the following College or University:

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

I (Sponsor) request this Scholarship Award for the following reason:
(Use only the space provided)

Scholarship Committee Use Only:
