



Dear Applicant,

Thank you for your interest in applying for the scholarship given by the Lake of the Ozarks Junior Golf Association. L.O.J.G.A. is 501©3 corporation dedicated to inspiring the lives of young men and women through the game of golf. Our goal and mission is to inspire young men and women to become outstanding citizens and career minded individuals all while instilling integrity, discipline and work ethic through the game of golf.

Basic requirements for eligibility for scholarship:

1. Participant in Missouri Junior Tour(formally LOJGA) for a minimum of 2 years.
2. Accepted into a post high school education facility after high school
3. Must reside in Miller, Camden, Cole, Morgan, Moniteau, Maries, Osage and Pulaski Counties

Applications should be sent to:

LOJGA Scholarship
151 Munro St.
Camdenton, MO 65020



Junior Golf Scholarship Application

Part I - Info

Full Name _____
(Last) (First) (Middle)

Address _____
(Street) (County)

(City) (State) (Zip)

Phone _____ Birthdate _____

Father or Male Guardian Name _____

Home Address _____
(Street) (City) (State) (Zip)

Occupation _____ Employer _____

Mother or Female Guardian Name _____

Home Address _____
(Street) (City) (State) (Zip)

Occupation _____ Employer _____



Number of children in your family_____

Total number of people living at your home_____

Number of children currently enrolled in college_____

Are you receiving any other scholarships? _____ If yes, specify:

List major school activities in which you have participated. (I.E....name of activity and/or work experience, number of years, offices held, etc)

List major community activities in which you have been active. (I.E...Scouts, 4-H, Church, etc)



Please answer the following questions. You may use a separate sheet of paper if necessary.

1. Why do you want to attend _____?
(school of choice)

2. What is your intended major and/or career goal(s)? Why?

3. Why are you applying for this particular scholarship?

4. Are you a member of the Missouri Junior Tour (previously LOJGA)? _____
If yes, how many years have you been a member? _____
What is your stroke average? _____

Do you intend to participate in college golf?

Signature of Applicant _____

Date _____



Part II – Certificate of Recommendation

Information to be supplied by Principal or Counselor

Name of High School _____ County _____

High School mailing address _____
(Street) (City) (State) (Zip)

School phone # _____

Student ranks _____ (#) in senior class of _____ (#) ACT or SAT score _____

High School GPA _____ Date of High School graduation _____

Please give a brief statement concerning your evaluation of this applicant's citizenship and worthiness for scholarship consideration.

Newspaper to send releases to _____

Address (including zip) of newspaper _____

Dated this ____ day of _____, 20 ____

(principal or counselor) (name of school) (address of school)