

Dear Applicant,

Thank you for your interest in applying for the scholarship given by the Lake of the Ozarks Junior Golf Associaton. L.O.J.G.A. is 501©3 corporation dedicated to inspiring the lifes 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, decipline 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)		(State)	(Zip)		
Occupation	Employer				
Mother or Female Guardian Name					
Home Address					
	(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. W	hy do you want to attend	?
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(school of choice)

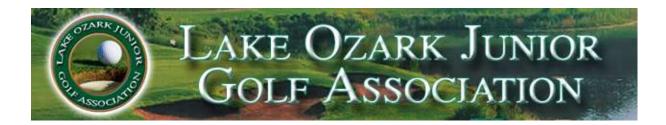
2. What is your intended major and/or career goal(s)? Why?

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			(State)	
		(0,0)	(otate)	(=,p)
School phone #				
Student ranks(#) in ser	nior class of	(#) AC	T or SAT score_	
High School GPA	Date of H	ligh School g	raduation	
Please give a brief statement citizenship and worthiness for			f this applicant'	S
Newspaper to send releases t	0			
Address (including zip) of new	vspaper			
Dated thisday of,				