



Charitable organization of the Chicago District Golf Association

CDGA Foundation Veteran Scholarship
(Formerly Chicago Area Golf Swing Club Scholarship)

Scholarship Application Check List

To be considered, your scholarship application must include the following:

- Completed Scholarship Application Form**
- Personal Letter**
- Two Letters of Recommendation**
(non-family members)
- Copy of Parents' 1040**
(first two pages)
- Copy of the Student Aid Report (SAR) from the completed FAFSA application**
- Copy of High School Transcripts**
- Copy of ACT and/or SAT Scores**
- Veteran Disability Form**

Mail the completed application and additional materials from the checklist above to:

CDGA Foundation Veteran Scholarship
Attn: Brittany Ottolini
11855 Archer Avenue
Lemont, IL 60439



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CDGA Foundation Veteran Scholarship

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Application Form:

Name: _____
Last First Middle Initial

Address: _____
Number Street Apt

City State Zip County

Telephone #: _____ Alternate #: _____
Home Cell/Work

Email Address: _____

Date of Birth: ____ / ____ / ____ Applicant's Last 4-SSN: XXX - XX -

COLLEGE/UNIVERSITY/TRADE SCHOOL INFORMATION

List the colleges, universities, or trade schools to which you have applied. Please place a check if you have already been accepted to that particular institution.

_____ Accepted ()

_____ Accepted ()

_____ Accepted ()

Degree or Program You Are Obtaining: _____

HIGH SCHOOL INFORMATION

Current High School: _____

Graduation Date: ____ / ____ / ____ Standardized Test Score (ACT/SAT): _____

Grade Point Average (GPA): _____

SCHOLASTIC AND EXTRACURRICULAR ACTIVITIES (National Honor Society, student government, athletics, band, school clubs, etc.)

Using the table below, list scholastic activities in which you have participated during the last four years. List the activities in order of importance to you.

ACTIVITY	GRADE LEVELS	LEADERSHIP POSITIONS, AWARDS & RECOGNITIONS

COMMUNITY AND VOLUNTEER ACTIVITIES (Church, scouting, clubs, etc.)

Using the table below, list community and volunteer activities in which you have participated during the last four years. List the activities in order of importance to you.

ACTIVITY	GRADE LEVELS	LEADERSHIP POSITIONS, AWARDS & RECOGNITIONS

WORK EXPERIENCE (Include self-employment such as childcare, lawn care, etc.)

Using the space below, please list any paid work experiences during the past four years, beginning with your most recent position.

JOB DESCRIPTION	EMPLOYER	DATES OF EMPLOYMENT

Explain any circumstances regarding this application that you feel the Selection Committee should be aware of.

Financial information to be completed by student:

Estimated College Expenses	Amount
Tuition & Fees:	
Books & Supplies:	
Room & Board:	
Transportation:	
Miscellaneous:	
Total:	

Estimated Student Contributions	Amount
Parental:	
Employment:	
VA Benefits:	
FAFSA:	
Federal Loan:	
*CDGAF:	
Other Loans/Grants	
Miscellaneous:	
Total:	

**(CDGA Foundation Scholarship)*

Date of Birth: ____ / ____ / ____

Veteran's Last 4-SSN: XX X - XX - _____

Branch of Service: _____

Date of Discharge: ____ / ____ / ____

Veteran Disability File #: _____

Detailed account of veteran disability: _____

*If veteran is deceased, please attach a copy of the discharge.

Financial Information to be completed by Parent/ Guardian:

	Father	Mother
Name:		
Address:		
Employer:		
Employer Address:		
Position:		
# of years with employer:		

List all dependents:

Name	Age

Last Full Calendar Year Income:	Amount
Salary/ Wages of Father:	
Salary/ Wages of Mother:	
Other Sources of Income:	
Total:	

	Amount
Value of Home, If Owned:	
Amount of Unpaid Mortgage:	
Value of Investments:	
Total:	

Parental statement of current financial condition (can attach as separate sheet, if needed): _____

By signing this application, the applicant signified that the decision of the CDGA Foundation Veteran Scholarship Review Board is final in the selection of the scholarship winner in the determination of the financial awards. The applicant agrees to waive all limitations on the access of confidential information in his/her file at the school presently attending.

Applicant Signature

Date

Signature of Parent (If Applicable)

Date