



APPLICATION FOR 2024 JANET LEACH SCHOLARSHIP

PART 1

FULL NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

US CITIZEN: YES _____ NO _____

FATHER/GUARDIAN _____ EMAIL _____

OCCUPATION _____

MOTHER/GUARDIAN _____ EMAIL _____

OCCUPATION _____

PART 2

HIGH SCHOOL _____ GRADUATION DATE _____

ADDRESS _____ CITY _____ ZIP _____

GPA: _____

ACADEMIC CLUBS _____

ATHLETIC ACTIVITIES _____

ARE YOU ON THE GOLF TEAM? BOY'S TEAM _____ GIRL'S TEAM _____

HANDICAP/AVERAGE SCORE _____

GOLF ACCOMPLISHMENTS/INTEREST:

PART 3

In 200 words or less, please explain why the Janet Leach Scholarship will help you attain your goals in college. Please use a separate paper, if necessary.

PART 4

To my knowledge, the information provided in this application is true and correct.

Signature of Applicant _____ Date _____

Name of College or University of Enrollment _____

Anticipated Start Date _____ University Student Number _____

Full Print Name _____

Please Return Application to:

Mississippi Golf Association
Attn: Carter Page, Executive Director
400 Clubhouse Drive
Pearl, MS 39208
carter@missgolf.org