.	Western Pennsylvania Golf Association Scholarship Fund
	930 North Lincoln AVE & Pittsburgh, PA 15233
WPGA	<u>Application Form</u>
	Deadline: November 30, 2025

Student Name: Phone: Address: Email: City, State, Zip: Member Club: Phone: Job Title (s): _____ From/To: Years: High School (s): GPA: College or Univ.: Years: College Verbal / Essay / Entrance Exams: Dates Taken: Math English Reading Composite SAT: N/A _____ ACT:

Please list your student activities, leadership positions, athletic and/or community involvement.

Please list colleges or universities where you are seeking admission (in preferred order):

Preference:	University or College Name	Applied	Accepted	Committed
1 st Choice:		Yes / No	Yes/Pending	Yes / No
2 nd Choice:		Yes / No	Yes/Pending	Yes / No
3 rd Choice:		Yes / No	Yes/Pending	Yes / No
Projected Major:		Alt. Major:		

Student Name:		Phone:
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Please list other Scholarships and/or Grants that you have applied.

Organization Name		Amount	Accepted		
			\$	Yes / No / Pending	
			\$	Yes / No / Pending	
			\$	Yes / No / Pending	
			\$	Yes / No / Pending	
			\$	Yes / No / Pending	
			\$	Yes / No / Pending	
Please list other sibl	ings and v	vhere they are attending school.			
Name:	Age	High School or College Name	Location	Year Graduating	

This application must be accompanied with the following:

- ♦ Attachment 1: Family's Financial Information (Part of this document).
- Attachment 2: A typed essay (up to 500 words) on your career plans and how you can benefit from a WPGA scholarship.
- ♦ Letter of recommendation from a supervisor at the WPGA Member Club where you have worked.
- ♦ Letter of recommendation from one teacher, or guidance counselor.
- ♦ Official high school transcript, or if already attending, a college transcript.

The information provided in this application, including the attachments is, to the best of my knowledge, true and accurate.

Student Signature:	 Date:	

Please send the completed application and attachments to:

WPGA Scholarship Fund 930 North Lincoln AVE, STE 1 Pittsburgh, PA 15233

Student Name:				Phone:	
1 st Parent Name: Address:				Phone: Email:	
City, State, Zip:					
Employer:				No. of yrs:	
Occupation:				1 st Parent	Annual Income:
2 nd Parent Name:				Phone:	
Address:				Email:	
City, State, Zip:					
Employer:				No. of yrs:	
Occupation:					Annual Income:
Other Income:	Alimony	Investments	Other Job		
Annual:	\$	\$	\$	Tot. Other	Annual Income:
Residence:	Own Hon	ne 🗌 Rent	C Other	Monthly Ho	busing Payment:
Describe any addit	ional hardships	, not covered abo	ove, that may h	nelp us deteri	mine your financial situation.
To the best of our l	knowledge, the	above informatio	n is correct. A	dditional veri	fication may be requested.
Student Signatu	re:				Date:
1 st Parent Signature:				Date:	
2 nd Parent Signature:				Date:	

Finalists will need to send WPGA a copy of their "Free Application for Federal Student Aid" submittal.