

George Benson Scholarship Fund <u>Student Application Form</u>

Student Name:				Phone:		
Address:				Email:		
City, State, Zip:						
Varsity Letters				Coach		
Work Experience						
High School (s):				Years:		
College or Univ.:				Years:		
College Entrance Exams:	Math	Verbal / English	Essay / Reading	Composite	Dates Taken:	
SAT:				N/A		
ACT:						

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

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:	
Please list other Sch	olarships	and/or Grants that you have applie	ed for.	
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 sibli	ngs and w	here they are attending school.		
Name:	Age	High School or College Name	Location	Year Graduating
			- <u>-</u>	
		panied with the following: Financial Information (Part of this	document).	

- ♦ Attachment 2: A typed essay (up to 500 words) on how "your connection to the game of golf" has played a role in the development of your personal character.
- ♦ Letter of recommendation from one teacher, or guidance counselor, or coach or golf professional.
- ♦ 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:	Dat	ıte:	

Please send the completed application and attachments to:

George Benson Scholarship Fund C/O Daniel J. Rayburn, CPA

2700 South Park Road, Suite 101 Bethel Park, PA 15102-3806

DEADLINE: NOVEMBER 30, 2023



George Benson Scholarship Fund <u>Family Financial Information</u>

Student Name:				Phone:	
1 st Parent Name:				Phone:	
Address:				_ 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:				2 nd Parent Annual Income:	\$
Other Income:	Alimony	Investments	Other Job		
Annual:	\$	\$	\$	_ Tot. Other Annual Income:	\$
Residence:	Own Hom	e 🗌 Rent	Other	Monthly Housing Payment:	\$
Describe any addit	ional hardships	, not covered ab	ove, that may	help us determine your financ	ial situation.
To the best of our I	knowledge, the	above informatio	on is correct. A	Additional verification may be	requested.

Student Signature:	Date:	
1 st Parent Signature:	Date:	
2 nd Parent Signature:	Date:	