BRITISH COLUMBIA JUNIOR GOLF ASSOCIATION

Player Development Trust Fund

Gerry Walker Memorial Scholarship Application

Part One – Personal Information:

NAME: _____ _____ _____

First **Middle** **Last**

Home Address: _____**City:**_____**PC:**_____

E-Mail:_____ **Phone:**_____ **Birth Date:** _____

Social Insurance No: _____ Canadian Citizen: ◯ Y ◯ N Gender: ◯ M ◯ F

British Columbia Golf Club Affiliation: _____ Zone_____

Part Two – Parent Information:

Father's Name: _____ _____ _____

First Middle Last

Employer: _____ Occupation: _____ Phone: _____

Status of Employment: ◯Employee ◯Independent ◯Contractor ◯Owner/Partner ◯Other

Business Address: Street:_____ City/Prov.: _____ PC _____

Mother's Name: _____ _____ _____

First Middle Last

Employer: _____ Occupation: _____ Phone:_____

Status of Employment: ◯Employee ◯Independent ◯Contractor ◯Owner/Partner ◯Other

Business Address: Street: _____City/Prov:_____ PC_____

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