STARK COUNTY WOMEN'S AMATEUR GOLF ASSOCIATION

Betty Kerby Peppard Scholarship Application

Name		Parent/Guardian				
Address	***************************************	Address (if different)				
			··-			
City/Zip		City/Zip				
Telephone		Telephone (home)				
Birthday			**************************************		(work)	
Siblings (number and ages)		Occupation (father)				
		(mother)				
						
School		Financial Assistance from Grants				
Address		Received In Process				
Telephone						
School Golf Coach						
School Guidance Counselor						
Indicate your college choice(s)		ou applied?	Have you bee	n accented?	Golf Team?	
	indica you opposed.		you been described.			
. 4	Yes	No	Yes	No	Yes No	
Ye		No	Yes	No	Yes No	
Include the following with this application						
1. Personal resume: indicate major, activities, empl			ation		50 Reg 10 August 2000 Prog 2	
2. Two recommendations: from teacher or guidance	e counsele	or				
Note						
Scholarships will be based on availability of scholarships	arship fun	ds and each an	nlicant's qualific	ations: in no w	av does the	
Association guarantee that any candidate will rec						
awarded in the amount of \$500.00.						
2. Completed applications must be received by July	1, 2023, t	o be considered	l.			
3. All applicants must be in their senior year of high	school.					
4. Scholarships will be awarded based on determina	ation of a	scholarship con	nmittee and will	be awarded at	the meeting of	
the Association in July.						
5. Personal interviews may be conducted.						
Criteria						
Participation in the sport of golf						
Character						
Academic record						
Extracurricular and community activities Need						

Submit application and documents by July 1, 2023, to:

Loretta Gerber

Stark County Women's Amateur Golf Association

Attention: Scholarship Committee 1744 Wales Road NE Massillon, Ohio 44646