



# Omaha Amputee Golf Association Scholarship Application Form

*First time Applicants: Submit completed apply May 1st of the award year. The applicant must include a transcript (High School or College), a personal resume, two letters of reference, and a statement (100 words or less) concerning their intent to continue their education.*

PLEASE TYPE OR PRINT

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_

Located at: \_\_\_\_\_

Years Attended Above School: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

Number of Students in Graduating Class: \_\_\_\_\_ Applicant's Class Rank: \_\_\_\_\_

Extracurricular Activities (School, Church, Community, Volunteer, etc.)

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Honors Received (High School / Post-Secondary)

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Hobbies / Interests:

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Name of College: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Number of Years in Course of Study: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

PLEASE TYPE OR PRINT

To meet the qualifications of the Amputee Golf Association Scholarship, please check A or B indicating how you qualify:

A \_\_\_\_\_ I am an Amputee

B \_\_\_\_\_ I am a Family Member of an Amputee

Name of Family Member: \_\_\_\_\_)

If already attending a Post-Secondary Institution, Please complete the following:

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_

Major: \_\_\_\_\_

Year in School: \_\_\_\_\_ Current Grade Point Average: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

Mail to:

**Omaha Amputee Golf Association  
c/o David J. Karl, Secretary / Treasurer  
2302 Nottingham Drive  
Bellevue, NE 68123**