BRITISH COLUMBIA JUNIOR GOLF ASSOCIATION

Player Development Trust Fund

Gerry Walker Memorial Scholarship Application

Part One – Personal Information: NAME: _____ Middle Last Home Address: ______City: ______PC: _____ E-Mail: Phone: Birth Date: Social Insurance No: _____ Canadian Citizen: OY N Gender: M OF British Columbia Golf Club Affiliation: _____ Zone____ Part Two – Parent Information: Father's Name: _____ First Middle Last Business Address: Street:_____ City/Prov.: ____ PC ____ Mother's Name: ____ First Middle Last Business Address: Street: ______City/Prov: ______PC____

PDTF Scholarship Committee BC Junior Golf Association

c/o Berne Monteleone 991 Nassau Crescent Kelowna, BC V1Y 4T2 Phone: 250-762-0881

OR

Fax 604-952-0060 E-mail: andy@britishcolumbiagolf.org Phone: 604.279-2580 or Toll Free 1.888.833.2242