NEBRASKA ELKS ASSOCIATION JB FERGUSON GOLF SCHOLARSHIP

TO: All Exalted Rulers, Secretaries, Scholarship Chairmen, and Applicants

SUBJECT: J. B. Ferguson Golf Scholarship

AMOUNT: One \$500.00 scholarship

This will be sent to the college of the designee's choice payable to school and Recipient when state secretary is advised of official enrollment in school.

QUALIFICATIONS:

- 1. Complete the application blank in full. Must be signed and dated.
- 2. Must be a participant in high school golf and plan to participate in a college golf program if possible.
- 3. May attend either a two or a four-year college.
- 4. Be certain that the Exalted Ruler has signed the application.
- 5. Limited to one applicant from each Lodge. Each Lodge may receive several applications, but must select the best one to be submitted. All applications must be submitted to the local Lodge by January 15th for judging.

Please mail scholorship application to Croppol Coolidge % Scholorship Committee 819 Wood St Norfolk, NE 68701

NEBRASKA ELKS ASSOCIATION J. B. FERGUSON GOLF SCHOLARSHIP

Applicant's Name	Age	_Social Security N	0
AddressCit	у	State	_Zip
Father's NameAddress			
Mother's NameAd	dress		
Are your parents both living? How many brothers and sisters do you have?			
What is your father's occupation?Mother's occupation?			
Have you any funds to start your college education? If so, how much?			
How long were you on your school golf team? Do you intend to play golf on a team in college?			
What is your handicap for 18 holes? (Please verify by golf coach or golf course letter or USGA card)			
What extra-curricular activities did you participate in while at school?(Attach list and years of participation)			
Have you ever held a job ?What did you do?			
Submit <u>three</u> letters of recommendation from any of the following: Principal, Pastor of Church, present instructor, local business person, or employer; a copy of ACT or SAT test scores and a certified copy of your High School Transcript Record.			
PARENT'S FINANCIAL STATUS			
Adjusted gross income per Federal Income Tax return of the last filing year \$			
Number of dependants Number of dependents <u>currently</u> attending college			
Medical, dental, & emergency costs this past year not covered by insurance \$			
Total market value of home \$Amount of mortgage \$			
Total market value of farm or business \$ Amount of mortgage \$			
What was your net profit?Value of bank accounts and other investments?			
DateFather's signatureMother's signature			
APPLICANT'S AGREEMENT - I understand that each question on this form is for a purpose, and it will not suffice to submit an incomplete application. <u>ALL</u> information on this application is to be used solely by the Nebraska Elks Association for the purpose of this application.			
Applicant's signature			
Exalted Ruler's signature		Date	_ Telephone
odge Name Lodge No			-