



Inner City Youth Golfers' Incorporated

“ICYG Youth Golf Activity Stipend-Scholarship”

Your application must be typed or printed legibly, signed and dated by the parent and student. The original application must be received at: ICYG, PO Box 31901, Palm Beach Gardens, FL 33420, within thirty (30) days that it is needed. ICYG is an “education, cultural and golf program.” As a result, if the funds being requested are to be spent for any purpose during the academic school year, an official “School Permission Form” must be signed by all of the student’s teachers, school principal or designee, parent(s) and submitted with this request. ICYG reserves the right to request additional information prior to consideration of this application.

Application Request

Name _____ Date of Birth _____ Age _____ Sex _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email Address _____

Name & Address of School _____ Grade _____ HS Graduation Year _____

GPA ____ Age Started Playing Golf ____ Do You Play on Your School Golf Team? ____ Avg. Score ____ Name & Address of Home

Golf Course _____ Are You Involved in Any Golf Programs? ____

Name and location _____ List Any Golfing Accomplishments _____

Stipends are awarded for the following: to pay for school books and supplies, golf course access, clinics, food, membership fees, tournament entry fees, clinics, lessons, equipment, uniforms, food, travel, cultural events such as concerts, plays, museums and educational tours to the extent that funds are available. Volunteer help from all parents, guardians and high school youth who are in need of “community service” hours is welcomed.

Your request is for what specific purpose (s)? _____ Amount? \$ _____

Mothers Name _____ Fathers Name _____ Guardians Name _____

Parents Gross Income _____ Mothers Occupation _____ Fathers Occupation _____

Signature of Student _____ Date _____ Signature of Parent/Guardian _____ Date _____

I/we hereby certify that all information submitted is accurate and to the best of my knowledge. I pledge to support ICYG and abide by its code of conduct. NOTE: A copy of your current official transcript must be attached. Extra sheets may be added for additional information if needed.

Approved: _____ Not Approved _____ Date _____

Esmeralda H. Knowles, Executive Director or Designee (Revised: 01/22/2010)