

McAdams Golf Club

AFRO-AMERICAN SCHOLARSHIP APPLICATION

Name _____
Last First Middle

Address _____
Street City State Zip

Father's Name _____ Father's Occupation _____

Mother's Name _____ Mother's Occupation _____

High School Attending _____ GPA _____ SAT _____ ACT _____

University you plan to attend _____

Address of university you plan to attend _____ Phone _____

Career you plan to pursue _____

Please list any other scholarships you have received and the amounts _____

Honors received and year _____

List involvement in sports or other activities _____

Hobbies _____

Church you attend and activities involved (optional) _____

I hereby certify that the information on this application is complete correct to the best of my knowledge
I hereby grant permission to McAdams Golf Club to contact my school , if necessary, and to use my name,
Likeness, and photograph in promotional materials in the event that I am selected to receive a scholarship.

To completed by school official

School Name _____ Telephone _____

School Address _____

Is this student in current graduating class and meets eligibility requirements? Yes ___ No ___

Official Name _____ Title _____

Signature _____ Date _____

DEADLINE FOR APPLICATION COMPLETION MAY 31

SCHOLARSHIPS AWARDED JUNE30

Mail to McAdams Golf Club
P.O. Box 8355
Wichita, Ks 67208