

# McAdams Golf Club

## MINORITY 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 \_\_\_\_\_ ACT \_\_\_\_\_

University you plan to attend \_\_\_\_\_

Proof of enrollment in to college/university \_\_\_\_\_

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 EACH YEAR**

**SCHOLARSHIPS AWARDED JUNE 30 EACH YEAR**

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