

**BRITISH COLUMBIA JUNIOR
GOLF ASSOCIATION**

Player Development Trust Fund

Gerry Walker Memorial Scholarship Application

Part One – Personal Information:

NAME: _____
First Middle Last

Home Address: _____ **City:** _____ **PC:** _____

E-Mail: _____ **Phone:** _____ **Birth Date:** _____

Social Insurance No: _____ **Canadian Citizen:** ☐ Y ☐ N **Gender:** ☐ M ☐ F

British Columbia Golf Club Affiliation: _____ **Zone:** _____

Part Two – Parent Information:

Father's Name: _____
First Middle Last

Employer: _____ **Occupation:** _____ **Phone:** _____

Status of Employment: ☐ Employee ☐ Independent ☐ Contractor ☐ Owner/Partner ☐ Other

Business Address: **Street:** _____ **City/Prov.:** _____ **PC:** _____

Mother's Name: _____
First Middle Last

Employer: _____ **Occupation:** _____ **Phone:** _____

Status of Employment: ☐ Employee ☐ Independent ☐ Contractor ☐ Owner/Partner ☐ Other

Business Address: **Street:** _____ **City/Prov.:** _____ **PC:** _____

PDTF Scholarship Committee BC Junior Golf Association

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OR

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