



PGA

Central New York Section

Junior Tour

Financial Assistance Application

5011 Jamesville Rd, Jamesville, NY 13037

315.446.5610 bsovring@pgahq.com

www.cny.pga.com/juniortour

Candidate Questions

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Email Address: _____

Male Female

Birth Date: _____

School: _____ Graduation Year: _____

Tournaments – How many Central New York PGA Junior Tour events do you plan on playing in throughout the 2019 season?

In approximately 250 words describe your interest in golf, how long you have been playing and what role does golf play in your life:

Parent Financial Information

FATHER / GUARDIAN

Full Name: _____

Email Address: _____

Total Gross Income: \$ _____

Please add all other sources of income (ie: Child Support, Property, Relative Assistance, Etc.):

\$ _____

MOTHER / GUARDIAN

Full Name: _____

Email Address: _____

Total Gross Income: \$ _____

Please add all other sources of income (ie: Child Support, Property, Relative Assistance, Etc.):

\$ _____

Total Number of People in Household Supported by Reported Income: _____

If needed, the Central New York PGA Board of Directors may request verification of income in the form of tax returns from the prior year. If you are unable to provide tax returns if requested, please notify Brianna Sovring, Player Development Director, Central New York Section.

Candidate and Parent / Guardian Agreement

By signing this application, I attest that all information provided is true and accurate to the best of my knowledge. I authorize the Central New York PGA to verify any information provided on this application and authorize release to the Central New York PGA Board of Directors all information in this application and supporting documents, in addition to the family's tax returns if needed.

I understand that in order to be eligible for financial assistance, I must meet the CNY PGA Board of Directors minimum standards in financial needs. I also understand that the Board of Directors will make the final decision. If accepted, I hereby give the CNY PGA permission to use candidate's name, film, videotape and / or photographs of the above-mentioned minor for media purposes of promoting the Central New York PGA Junior Tour. The Central New York PGA will protect the privacy of my personal financial information. All information regarding income, taxes or other financial status will only be made available to the CNY PGA Board of Directors, and will not be disclosed to third parties.

Candidate's Signature: _____

Parent / Guardian's Signature: _____ Date: _____

Parent / Guardian's Signature: _____ Date: _____

This application and any confidential information provided to the Central New York PGA for purposes of determining the applicant's qualifications to receive financial assistance from the Central New York PGA will be maintained by the Board of Directors.

Send completed application and all supporting documents to:

*Brianna Sovring
Player Development Director
Central New York PGA
5011 Jamesville Rd
Jamesville, NY 13078*