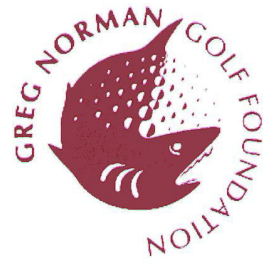


**Scholarship application 2009/2010**  
**(For North and Far North Queensland members only)**  
**From funds provided by Mr John Van Grinsven**



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Golflink No: \_\_\_\_\_ GNGF No: \_\_\_\_\_

**Applicants are required to provide the following information:**

1/ **Current handicap** \_\_\_\_\_ (exact) Copy of last 12mths playing record (Download Golflink) or copy of handicap record.

2/ **Date of birth:** \_\_\_\_\_

3/ **School year:** \_\_\_\_\_

4/ **Golf Club:** \_\_\_\_\_

5/ **Golf Coach:** \_\_\_\_\_

**Current practice approach/purpose/preparation:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Practice Routine:** \_\_\_\_\_

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**How often do you practice:** \_\_\_\_\_

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**Golf History:**

List your major tournament results for the past three years:  
Please attach list of these results.

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**Please provide details of any representative teams you have been selected in:**

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**What do you feel you would gain by receiving this Scholarship:**

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**What are your aspirations/in other words what are your major goals for the future in the sport of golf.**

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**Are you currently being supported by any other scholarship program/Government assistance:**

**If so – How** \_\_\_\_\_

**Do you wish to add any further comments:**

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**Signature of Applicant:**-----

**Signature of Parent/Guardian:**-----

**Parent/Guardian's Name:**-----

**Relationship to Applicant:**-----

**Address:**-----

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**Date:**-----

**Applications close Friday 21st August to Mr Angelo Bruniera, PO Box 1561,  
Thuringowa Central..Qld..4817.**

**All information and documentation that you supply is treated confidentially and will not be  
disclosed to any person with the exception of those who are involved in the scholarship  
selection process.**