

Paul Bradley Memorial Central Counties Junior Scholarship

Graduating seniors, follow these directions when applying for the scholarship.

1. The applicant should complete the first two pages of the application form.
2. Make **absolutely certain** to complete the section that asks you to list the “Two (2)” Central Counties Events in which you participated. These events **must** have been played during your high school years, grades 9-12. High school matches do not count. (For young ladies, this would have to be two of the **junior** tournaments.)
3. Give pages 3, 4, and 5 to the appropriate individuals:
 - A. Transcript request form (guidance counselor/school administrator) (p.3)
 - B. Counselor/Advisor recommendation form (guidance counselor) (p.5)
 - C. Club recommendation form (club professional/CCGA representative) (p.4)
4. Get your letter of recommendation from the club official or Central Counties Representative who has written it.
5. Take that letter and the rest of the application to your school counselor for mailing when complete. You should give your counselor the following:
 - A. The two pages you completed
 - B. The club recommendation letter
6. **Counselor**, when completed, please send the application forms, high school transcripts, and 2 letters of recommendation to the following address:

Michael Funicelli
2024 Black Snake Rd
Dysart, PA 16636

7. CCGA asks that these forms be returned by June 1st of your senior year. Applications will not be accepted after that date. **The candidate must attend a post-secondary institution the following year.**

If you have any questions regarding these directions, feel free to contact your course CCGA representative or Michael Funicelli at mjfunicelli@tyrone.k12.pa.us

Paul Bradley Memorial Central Counties Junior Scholarship

Application Form Page 1

Personal Data:

Legal Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

**Should I text, call or e-mail you upon receipt of the application (check one)?

Text Cell _____ Email _____ Call Home _____

Parents' Names: _____(Father)

_____ (Mother)

Educational Data:

High School Attended: _____

Date of Graduation: _____

Colleges or trade school that you will be attending:

Intended field of study or career program: _____

RETURN BY JUNE 1st TO:

Michael Funicelli
2024 Black Snake Rd
Dysart, PA 16636

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Application Form Page 2

Golf Data:

CCGA golf club or course where you have played junior golf:

How long have you been a member? _____

Age at which you began to play golf: _____

Best eighteen hole score to date: _____

Number of rounds played in a typical week during summer vacation: _____

At least two (2) Central Counties events in which you took part:

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

Other golfing activities in which you participated, not sponsored by CCGA.

(PIAA, Open Tournaments, Etc.):

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

_____ Year: _____ Location: _____

RETURN BY JUNE 1st TO:

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Application Form Page 3

HIGH SCHOOL TRANSCRIPT REQUEST FORM

The following student is a candidate for a Central Counties Golf Association junior golf scholarship. The selection committee requests an official transcript of his/her school records. Your prompt attention to this matter is greatly appreciated.

(Student's name)

I give permission for my child's school records to be released to the Central Counties Golf Association Selection Committee for scholarship consideration.

(Parent signature)

Please send the transcript by June 1st to:

Michael Funicelli
2024 Black Snake Rd
Dysart, PA 16636

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Application Form Page 4

CLUB RECOMMENDATION FORM

Candidate's Name: _____

Club Name: _____

Recommender Name: _____

Recommender Title: _____

Date: _____

Comment or attach a recommendation letter:

Return by June 1ST TO:

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Dysart, PA 16636

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Application Form Page 5

COUNSELOR/ADVISOR RECOMMENDATION

The following student is a candidate for a Central Counties Golf Association junior golf scholarship. The selection committee respectfully requests your comments concerning this applicant. We are particularly interested in evidence of maturity, initiative, capacity for growth, good manners and sportsmanship, leadership potential, and enthusiasm. We welcome any information that will better help us to understand him or her in school and the community. Thank you.

(Candidate's Name)

(Parent permission to respond)

(Counselor/Advisor Name)

RETURN BY JUNE 1st TO:

Michael Funicelli
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Dysart, PA 16636