

MARLENE STREIT AWARD FUND– 2015 GRANT APPLICATION FORM

 APPLICANT'S NAME _____
 ADDRESS _____
 CITY/PROV. _____
 POSTAL CODE _____
 CURRENT HANDICAP FACTOR _____
 HOME CLUB _____

 BIRTH DATE: _____
 Day Month Year
 TEL: () _____
 FAX: () _____
 E-MAIL: _____
 GR.12 Graduation Date: _____
 COACH NAME _____

MSAF EVENTS – Please check event(s) being applied for;
North & South Junior _____
North & South Women's Amateur _____
Women's Western Junior Girls _____
USGA Junior Girls _____
USGA Women's Amateur _____

COMPETITIVE RECORD – 2014/2015

EVENT & DATE *	SCORE(S)	COURSE RATING	SIZE OF FIELD	RANK
e.g. 2014 Canadian Jr Girls Championship	79 76 77 75	74.5	103	11th

* Include Match Play events, if any. It is important to include all results from both junior and amateur National Championships, Provincials, any events played outside of Canada and your province. Attach a separate sheet if you need additional space.

Please write a paragraph(s) on why you would like to be chosen for a Marlene Streit Award. (If necessary, continue on back of form, or provide answer on separate sheet)

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

APPLICATION FORM MUST BE SUBMITTED NO LATER THAN JULY 4, 2015

Please submit to the attention of:

Mary Ann Hayward
GOLF ASSOCIATION OF ONTARIO
P. O. Box 970, Uxbridge, ON L9P 1N3
Fax: 905 852 8893
Email: mhayward@gao.ca

NOTE: DECISION OF SELECTION COMMITTEE IS FINAL