

Office Use Only	
Application Complete	_____
Reference Letter Attached	_____
Date	___/___/___ Staff Initial _____

City of Nampa Golf



Scholarship Application



Ph: (208) 468-5858

The Nampa Golf Commission will review applications for Golf scholarships at Centennial Golf Course and Ridgecrest Golf Club. The purpose of the Golf Scholarship Program is to provide funds toward golf play for individuals or small youth organizations residing or attending school in Nampa. Persons considered for a scholarship must be in high school and/or under the age of 18 and not have the ability to pay standard fees.

Approval of any amount toward a scholarship does not guarantee future subsidy. Keep in mind that not all applications for scholarships will be awarded due to limited funds.

To be considered for a scholarship, all sections of this application must be complete.

Typewritten applications are preferred.

- I am applying for a golf scholarship for a group or non-profit organization.
- I am applying for an individual youth scholarship

Contact Information (Please type all responses):

Name of youth participant: _____

Name of organization: _____ Age of participant(s) _____

Primary Contact/Parent/Guardian : _____

Address: _____

Email: _____ Phone: _____

Please return application and references to the golf commission at

Nampa Recreation Department

Attn: Jennifer Vanderpool

131 Constitution Way

Nampa, Idaho 83687

Phone: 208-468-5858

Please type all responses

Please explain why you have a need to participate in the golf scholarship program.

What goals do you expect to accomplish by receiving a scholarship?

I would like to be considered for (choose only one):

- Golf Play at Centennial Golf Course (valued at \$210)
- Golf Play at Ridgecrest Golf Club (valued at \$240)
- Golf Play at Ridgecrest Golf Club Executive Nine (valued at \$80)

Amount you are able to contribute toward golf play? \$ _____

Signature of Guardian/Organizational Contact:

_____ Date: ___/___/_____

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Scholarship Application Reference Page

Please list references that you know may be contacted by the Nampa golf commission. Individual or personal references as well as letters of support from outside agencies or other third party support groups will be accepted.

Reference 1

Name: _____ Day Phone: _____

Evening Phone: _____ Relationship: _____

Address: _____

Reference 2

Name: _____ Day Phone: _____

Evening Phone: _____ Relationship: _____

Address: _____

Emergency Contact

Name: _____ Day Phone: _____

Evening Phone: _____ Relationship: _____

Address: _____

By signing this application I hereby acknowledge that all statements are true and accurate to the the best of my knowledge.

Signature _____ **Date** ____ / ____ / ____