

# WEIR

## Shirley & Billy Weir Scholarship

The following items are required before an application will be considered:

*(please use this form as a checklist and include with your application)*

- Personal Information
- Golf Facility Affiliation  
*Including record of work experience for applicant and/or parent/legal guardian*
- General Education  
*Must include Official High School Transcript thru 1<sup>st</sup> semester of Senior Year*
- Personal Activities List
- College Admission Notice
- Completed Financial Information Form  
***Copy of Student Aid Report (SAR) Received 5-7 days after completing FAFSA application  
Copy of parents federal tax returns for past two years, 2018 & 2019.***
- Letters of Recommendation  
*One or more from high school teacher, counselor or advisor  
One or more from PGA member or management personnel from your facility*
- Personal Essay
- Acknowledgement and Authorization

All documents should be submitted to:

**Scholarship Selection Committee  
Shirley & Billy Weir Scholarship  
7804 Eagle's Landing Court  
Columbus, Georgia 31909  
706-573-2255**

**Deadline for the 2021-2022 school term is 5:00 pm, Wednesday, March 10, 2021.**

All applications will be reviewed by the Trustees of the Shirley & Billy Weir Scholarship Trust. Qualified applicants will be forwarded to the Scholarship Selection Committee. You will be notified if you are selected as a Finalist and a personal interview is necessary.



## Shirley & Billy Weir Scholarship

Administered by the Scholarship Selection Committee of the  
SHIRLEY AND BILLY WEIR SCHOLARSHIP FOUNDATION TRUST

### Application Form

#### **ELIGIBILITY**

To be eligible to receive a Shirley and Billy Weir scholarship, an applicant must:

- (1) Be the employee or the dependent child of an employee of a golf course facility located within the State of Georgia served by a golf professional who is a Member of the Georgia Section of the PGA of America;
- (2) Must have maintained a high school grade point average of at least 3.0 on a 4.0 scale (or corresponding grade point level if another grade point scale has been adopted by his or her high school);
- (3) Must demonstrate financial need;
- (4) Must have been accepted for admission to an accredited college or university (the Scholarship Selection Committee may elect to approve a student's scholarship conditioned upon the student's acceptance);
- (5) Must be graduating from high school during the school year of application.

Accordingly, it will be necessary for each applicant to provide proof of his/her affiliation with an approved golf course facility, high school grade point average, acceptance for admission and proof of his/her financial need based upon the student's parents' federal income tax returns and other relevant information that the student elects to submit to the Scholarship Selection Committee. The applicant must be prepared to participate in a personal interview on dates announced by the Scholarship Selection Committee.

#### **NOTE:**

You may not apply for this scholarship if you are a relative of one of the Trustees or a relative of one of the members of the Scholarship Selection Committee or the Shirley and Billy Weir Scholarship Foundation Trust. A relative is defined to include a spouse, child, grandchild, great-grandchild, or spouse of a child, grandchild or great-grandchild.

**PERSONAL INFORMATION**

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Parents/Legal Guardian Name: \_\_\_\_\_

Address & Phone Number of Parents/Legal Guardian (if different)

\_\_\_\_\_

**GOLF COURSE AFFILIATION**

I certify that I am ( ) an employee or ( ) the dependent child of an employee (mark appropriate one) of the \_\_\_\_\_ golf course/club. The address and telephone number of said golf course/club is:

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

City: \_\_\_\_\_, Georgia Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

The golf course/club is served by \_\_\_\_\_, who is a Member, in good standing, of the Georgia Section of the PGA of America.

Signed this \_\_\_\_\_ day of, \_\_\_\_\_, 20\_\_\_\_.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

**RECORD OF WORK EXPERIENCE ... Golf Industry**

*Include golf facility work experience for applicant and/or parent/legal guardian  
(Attach additional sheets if applicant or parent(s) have been employed at more than current facility)*

**Applicant**

Facility \_\_\_\_\_

Position \_\_\_\_\_

Period of Employment \_\_\_\_\_ to \_\_\_\_\_

**Parent/Legal Guardian**

Facility \_\_\_\_\_

Position \_\_\_\_\_

Period of Employment \_\_\_\_\_ to \_\_\_\_\_

**GENERAL EDUCATION**

High School Name / State: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_ (month / year)

High School Cumulative Grade Point Average: \_\_\_\_\_

( ) Official Transcript(s) are attached.

ACT Assessment Score: \_\_\_\_\_

Test Date: \_\_\_\_\_ (month/year)

**SAT**

Math Score \_\_\_\_\_

Critical Reading Score \_\_\_\_\_

Test Date: \_\_\_\_\_ (month/year)

**PERSONAL ACTIVITIES** (attach additional sheets if needed)

**School Activities** (clubs, student government, sports, leadership positions, awards, etc)

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**Hobbies**

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**Work Experience** (include time frames; job duties; supervisor's name)

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**Community and Other Organizations in which you have been active (non-school) and indicate nature of participation**

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**COLLEGE ADMISSION** (Name & address of college/university which has accepted you for admission)

*You may attach additional sheets if more than one college/university has accepted you.*

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

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

( ) Admission notice attached      ( ) Admission notice will be provided upon receipt

Planned field of study: \_\_\_\_\_

Expected date for entering college/university: (month/year) \_\_\_\_\_

Please provide an estimate of the total funds required to obtain an undergraduate degree at this college/university and how that amount was determined.

Tuition \_\_\_\_\_

Housing \_\_\_\_\_

Meal Plan \_\_\_\_\_

Books \_\_\_\_\_

Student Fees \_\_\_\_\_

Other \_\_\_\_\_

Define \_\_\_\_\_

Define \_\_\_\_\_

Define \_\_\_\_\_

Total \_\_\_\_\_



**ACKNOWLEDGEMENT AND AUTHORIZATION**

I acknowledge that, if granted a Shirley and Billy Weir Scholarship, in order to continue to receive the scholarship benefits granted, I must:

- (1) Maintain a minimum cumulative grade point average of 3.0 on a 4.0 scale.
- (2) Remain a student in good standing at my college or university. I recognize that suspensions resulting from poor academic performance or as discipline for improper conduct shall be grounds for termination of the scholarship.
- (3) Complete all forms necessary to direct the college or university which I attend to forward to the Trustees of the Shirley and Billy Weir Scholarship Foundation Trust copies of all grade reporting transcripts, disciplinary actions, and other reports as they are issued by my college or university.
- (4) Attend scheduled events promoting the Shirley and Billy Weir Scholarship Foundation when presence is requested, to include but not limited to: Annual GPGA Awards Banquet, Weir Scholar Retreat and Weir Scholar Family Picnic.

**I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

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**SIGNATURE**

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**DATE**



SHIRLEY AND BILLY WEIR SCHOLARSHIP FOUNDATION

Financial Information Form

This **MUST** be completed and included with Application Package  
Your application will not be considered without the following information,  
a response is **REQUIRED** for each blank

( ) A copy of Student Aid Report (SAR) attached

*(Student should receive the Student Aid Report 5-7 days after completing FAFSA application)*

( ) Parent's/Guardian's Federal Tax Returns for 2018 & 2019 attached

**Applicant's Information**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell)

Email \_\_\_\_\_

**Family / Parents / Guardian Information**

Number of parents living \_\_\_\_\_ Marital Status of parents: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Step-parents: \_\_\_\_\_

If you live with someone other than parents, give name of guardian and address:

\_\_\_\_\_  
\_\_\_\_\_

Number of children in family \_\_\_\_\_ Ages of children \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_

Number of children attending college Fall 2018 semester \_\_\_\_\_ Number of dependent children \_\_\_\_\_

Total taxable income reported to IRS by both parents in 2018 \_\_\_\_\_ 2018 taxes paid \_\_\_\_\_

Total taxable income reported to IRS by both parents in 2019 \_\_\_\_\_ 2019 taxes paid \_\_\_\_\_

Total taxable income reported to IRS by applicant in 2018 \_\_\_\_\_ 2018 taxes paid \_\_\_\_\_

Total taxable income reported to IRS by applicant in 2019 \_\_\_\_\_ 2019 taxes paid \_\_\_\_\_

Have you been awarded any other scholarship? If so, list full name, description and benefits.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of both parents \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_