



YTI Career Institute  
Golf Course Management Scholarship  
Application Form

*Please type or print clearly*

**A. Personal Information**

Candidate Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Security or Student Visa Number \_\_\_\_\_

Student ID Number (if available) \_\_\_\_\_

Date of Birth \_\_\_\_\_

**B. Educational Background**

High School:

Name \_\_\_\_\_

Address \_\_\_\_\_

Year You Will Graduate \_\_\_\_\_ GPA \_\_\_\_\_

Credential Earned \_\_\_\_\_

Any Additional Education Credentials \_\_\_\_\_

**C. Golf Team Participation**

Years of Participation \_\_\_\_\_ Dates of Participation \_\_\_\_\_

**D. Employment History**

Dates \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Position \_\_\_\_\_

Name/Address of Employer \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor Name/Phone \_\_\_\_\_

\_\_\_\_\_

Dates \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Positon \_\_\_\_\_

Name/Address of Employer \_\_\_\_\_

\_\_\_\_\_

Supervisor Name/Phone \_\_\_\_\_

**E. GCM Scholarship you are applying for:**

**Scholarship I** – High school seniors who are members of golf teams participating in the YTI High School Invitational Golf Tournament (student does not have to be in the starting line-up for this event) will be eligible to apply for a separate 50% scholarship to the Golf Course Management Program at YTI Career Institute.

**Scholarship II** – High school seniors who are members of their high school golf team will be eligible to apply for a 50% scholarship to the Golf Course Management Program at YTI Career Institute.

(Note: a student will not be eligible to win more than one scholarship.)

GCM Instructor/Department Head \_\_\_\_\_

Have you applied?  Yes  No

What other scholarships and/or grants amounts have you received this year?

*Please include amounts.*

_____	\$ _____
_____	\$ _____

**F. Golf Background**

How long have you been playing golf? \_\_\_\_\_

Have you ever worked at a golf course?  Yes  No

If yes, describe your employment. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## G. Additional Information

Please let us know if there are any other aspects you would like us to consider, such as yearly medical cost, transportation issues, special needs, etc.

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I believe all of the above information to be true and complete and I hereby apply to the YTI Career Institute Golf Course Management Scholarship Committee for a scholarship. I authorize the Committee to obtain and review my academic records, including but not limited to official transcripts. I understand that any misrepresentation of information contained in this application may revoke any rights to an award. In signing below, I agree to hold the Committee harmless for any and all liability for damage, injury, or loss sustained by me in connection with this application, including but not limited to, the acquisition by the Committee of my academic records.

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

I have submitted the following along with this application:

- Completed Application (Sections A-F)
- Two Letters of Recommendation (*one personal letter and one from a high school instructor, coach, activities leader or employer*).
- 100 word typed essay on your passion for golf or the golf industry
- Transcripts
- Copy of Alien Registration Card, if applicable

Applications must be postmarked by **February 28, 2011**.

Complete and mail this application and supporting documents to:

**YTI Career Institute**  
1405 Williams Road  
York, PA 17402  
Phone: 800-227-9675  
Fax: 717-757-4964