



**APPLICATION FORM
THE ANGELA UZIELLI BURSARY**

**APPLICANT MUST BE ENTERING FULL-TIME EDUCATION AT UNIVERSITY OR COLLEGE
(after school academic year 12)**

Name: _____

Address: _____

_____ Postcode: _____

Tel: _____ Date of Birth: _____ AGE: _____

Proposed Educational Establishment: _____

Study Course: _____

Period of Study: FROM: _____ TO: _____

Golf Club _____ County _____ HANDICAP: _____

County Junior Organiser _____

PERIOD COVERED BY THIS APPLICATION From: _____ TO: _____

Applicant's Signature _____ Dated _____

Note to applicant:
This form must be returned, with an accompanying letter from yourself supporting your application, to your County Junior Organiser in time for them to complete and return the form to the EWGA Office by 1 September 2008

PLEASE LIST YOUR GOLFING ACHIEVEMENTS AND PROGRESS OVER THE LAST TWO YEARS.

COMMENTS FROM CJO/CTO

Date Received: _____

Signature: _____

Date: _____

COMMENTS FROM COUNTY OFFICIAL

Date Received: _____

Signature: _____

Date: _____

COMMENTS FROM ELGA TRUST COMMITTEE MEMBER:

Name: _____