

QAS Golf Program Scholarship Application Form

APPLICATIONS TO BE RECEIVED BY FRIDAY 10th FEBRUARY 2017 at 5pm.
Please email Tony Meyer at: tony@golfqueensland.org.au

SECTION 1 – PERSONAL DETAILS			
First Name:		Surname:	
Date of Birth:	Age:	Sex: (Please circle) Male / Female	
Current Address:			
		State:	Post Code:
Telephone:		(Mob)	
Email:			
Occupation/Study:			
Emergency Contact:		(Mob)	

SECTION 2 – PERSONAL COACH DETAILS		
First Name:		Surname:
Current Address:		
		State:
		Post Code:
Email:		Phone:

SECTION 4 – PAST, CURRENT AND FUTURE COMPETITION GOALS

Athletes are requested to attach an Annual Plan outlining their proposed training and competition program for the coming year.

DATE	COMPETITION	EVENT	LOCATION

SECTION 5 – DECLARATION

I, _____ (name of applicant) of
 _____ (address)
 certify that all information in this application and in any attachments is true and correct.

Signature of Applicant:	Date:
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Applicants Under 18 years of Age

Parent's, Guardian or Custodian to sign if the applicant is under the age of 18

Name:

Signature:	Date:
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For further information contact:
 Tony Meyer
 Golf Queensland Head Coach
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 M: 0424 994 933