



## *SISTERS ACROSS AMERICA, INC*

APPLICATION FOR FINANCIAL SUPPORT  
PROFESSIONAL GOLF CAREER

Sisters Across America, Inc.

P. O. Box 780005

Orlando, FL 32878-0005

Phone: 866-392-8523

Email: [info@sistersacrossamerica.com](mailto:info@sistersacrossamerica.com)

[www.sistersacrossamerica.com](http://www.sistersacrossamerica.com)



## *SISTERS ACROSS AMERICA, INC*

### *Application Guidelines*

(Detach this page and keep it for your records)

The primary criteria used to select an applicant includes, playing ability, age, financial need and personal recommendations.

To be considered for Financial Support the Applicant must:

- Be able to consistently shoot no more than 3 over par on a minimum 6200-yard course.
- Be between the ages of 18 and 25.
- Submit two (2) Personal References

*(Your golf coach, who is knowledgeable of your golfing ability, should complete one of the two Personal Reference Forms.)*

Applications will be accepted in January and June of each year.

All applicants will be notified in writing, regarding final selection committee decisions.

Monetary awards will be made payable directly to the provider of goods/services and mailed to same for the benefit of the recipient, as required.

Recipients must reapply annually for continued support.

Incomplete applications will not be considered.

To be complete, application must:

1. Be signed and dated
2. Contain two personal reference forms
3. Evidence of playing history
4. Business Plan or Plan of accomplishment/achievement



**SISTERS ACROSS AMERICA, INC**  
**FINANCIAL SUPPORT APPLICATION**

(Please Type/Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

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

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

Date Of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Ethnicity: [Put Appropriate Number In Box]

- 1 African American    2 Hispanic/Chicano    3 Asian/Pacific Islander    4 Native American  
 5 Other \_\_\_\_\_

EDUCATION: [Check Appropriate Box] (Provide evidence of graduation and/or attendance)

High School Graduate     Some College     College Degree

Are you employed?  Yes  No    If yes, how many hours? \_\_\_\_\_

FINANCIAL INFORMATION:  
 Approximate Expenses per year

Expenses	Approximate Cost
Tour Qualifying School	_____
Entry Fees	_____
Caddie Services	_____
Travel	_____
Lodging	_____
Meals	_____
Membership Fees	_____
Practice Fees	_____
Training	_____
Living Expenses	_____
Other Expenses (Identify)	_____
<b>TOTAL</b>	_____

Please attach a list of other sources of financial assistance with the amounts received.  
 This application must include two (2) completed Personal Reference Forms.



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### **PERSONAL REFERENCE FORM**

**(Two Required)**

NAME OF APPLICANT \_\_\_\_\_

Last Name

First Name

Middle

As a personal reference for a Sisters Across America, Inc. applicant, please provide comprehensive responses to each of the following questions.

(Please type and/or print)

1. How long have you known the applicant, and in what capacity?
2. Why do you believe the applicant will be a successful professional golfer?
3. Describe the applicant's golfing ability to the extent of your knowledge.
4. Are there any unique factors that you think make the applicant especially worthy of receiving financial support

Your Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

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

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_