



SHIAWASSEE

— COMMUNITY FOUNDATION —

For good. For ever.®

**JOHN F. NORTHWAY MEMORIAL
YOUTH GOLF SCHOLARSHIP APPLICATION**



Mr. John Northway was passionate about golfing – especially at the Owosso County Club. As a way to keep his memory alive, the Shiawassee Community Foundation offers this scholarship to allow young people to golf at the Owosso Country Club for one season. The number of scholarships awarded are determined by the Shiawassee Community Foundation Board of Directors. Applicants must meet the following six guidelines to apply for this scholarship:

1. Be between the ages of 14 to 18 as of the date of this application
2. Live in the Shiawassee County area (including Chesaning and Ovid/Elsie)
3. Have a passion for golf
4. Would not otherwise be able to take advantage of golfing at the Owosso Country Club
5. Attach a 100 to 500 word typed essay to this application describing your passion for golf, how this scholarship would assist you and why you are not able to take advantage of golfing at the Owosso Country Club. The essay must be completed and signed by the applicant.
6. Financial need will be considered.

Today's Date: _____

Applicant Name: _____

Address: _____

City, State, Zip _____

Phone Number: _____



SHIAWASSEE

— COMMUNITY FOUNDATION —

For good. For ever.®

Email Address: _____

Date of Birth: _____ (must be 14 to 18 years of age on this date)

School You Attend: _____

TO BE COMPLETED BY PARENT/GUARDIAN:

Parent/Guardian Name: _____

Address (if different from above): _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Total Adjusted Gross Family Income (from most recent tax return):

Tax Year: _____ Adjusted Gross Income: \$ _____

PLEASE RETURN THIS APPLICATION AND YOUR ESSAY TO:

By Mail: Shiawassee Community Foundation
Post Office Box 753
Owosso, MI, 48867

In Person: Shiawassee Community Foundation
217 N. Washington St. – Suite 104
Owosso, MI 48867

Emailed or faxed applications are not accepted.

The scholarship application must be filled out completely and the required essay must be attached to be considered for this scholarship.



SHIAWASSEE

— COMMUNITY FOUNDATION —

For **good.** For **ever.**®

The Board of Directors of the Shiawassee Community Foundation reserves the right to extend the scholarship deadline at their discretion and to not award this scholarship in any given year.

Former recipients of this scholarship are not eligible to apply. This scholarship must be used in the calendar year it is awarded and will not be carried over into future years. This application must be filled out completely (either typed or printed in blue or black ink) and be neat and legible to be considered.

If awarded, this scholarship includes two one-hour golf lessons and a golf membership for the golf season and the scholarship is awarded at the Owosso Country Club. Recipients receive the same benefits as a yearly member (not a stockholding member) and can play at the club every day that it is available (excluding days when tournaments, leagues or outings are held) as determined by the Owosso Country Club. Recipients must abide by the rules and regulations as established by the Owosso Country Club or forfeit their scholarship.

The scholarship does not include the use of a golf cart and is not renewable. Scholarship checks are made payable directly to the Owosso Country Club for the benefit of the recipient. Completing and submitting this application does not guarantee an award.

In consideration for receipt of this scholarship (if awarded), the undersigned hereby agrees to the acceptance of the scholarship terms and conditions as follows:

1. That all information provided to the Shiawassee Community Foundation is true and accurate.
2. If selected for this scholarship, the Owosso Country Club will receive a check for on my behalf.
3. Permission is given to the Shiawassee Community Foundation to use my photos in brochures, annual reports, press releases, on their website or social media page(s) to publicize their philanthropic efforts.
4. To notify the Shiawassee Community Foundation in the event of my voluntary or involuntary withdrawal of this scholarship.
5. I/We are not related to Mr. John Northway.
6. I/We are not a former recipient of this scholarship.
7. I/We understand that completing this application does not guarantee a scholarship award.
8. That the essay was completed by the applicant.

Applicant Signature

Parent/Guardian Signature

If you have any questions, please contact us at 989-725-1093 or amanda@shiacf.org