

BLACK HALL CLUB, INC.

**THE CARL G. ANDERSON SCHOLARSHIP
TRUST FUND**

2023 APPLICATION

PERSONAL INFORMATION

APPLICATION DATE _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

TELEPHONE (DAY) _____ (EVENING) _____

NAME OF PARENT/GUARDIAN _____

ADDRESS IF DIFFERENT FROM ABOVE _____

PARENT/GUARDIAN PHONE NUMBER _____

GOLF CLUB/HIGH SCHOOL AFFILIATION

GOLF CLUB AT WHICH YOU ARE EMPLOYED _____

POSITION AT GOLF CLUB _____

NAME OF HIGH SCHOOL GOLF TEAM _____

NUMBER OF YEARS EMPLOYED AT CLUB OR ON TEAM _____

ACADEMIC HISTORY

NAME OF SCHOOL ATTENDED LAST FOUR YEARS _____

ELECTIVE OFFICES HELD IN SCHOOL (attach separate sheet if necessary) _____

COLLEGE YOU WILL ATTEND IN THE FALL _____

*SIGNATURE OF APPLICANT _____ DATE _____

*SIGNATURE OF PARENT /GUARDIAN _____ DATE _____