



## GRANT APPLICATION

3695 Turnbury Oaks Drive, Duluth, GA 30096  
678.481.8484 • jacgolf32@gmail.com  
www.esthercannizzogolffoundation.org

### Candidate Questions

FULL NAME:

SOCIAL SECURITY NUMBER:

HOME ADDRESS:

CITY:

STATE:

ZIP:

HOME TELEPHONE:

EMAIL ADDRESS:

MALE:  FEMALE:

BIRTH DATE:

SCHOOL:

GRADUATION YEAR:

DO YOU PLAN TO ATTEND COLLEGE? YES:  NO:

HAVE YOU SIGNED A NATIONAL LETTER OF INTENT? YES:  NO:

IF YES, WHERE?

PLEASE DESCRIBE HOW YOU WOULD USE A GRANT FROM THE ESTHER CANNIZZO JUNIOR GOLF FOUNDATION:

*Tournaments - If you need funding for tournaments, please list the events or tours you would like to participate in and when.*

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*Coaching - If you need coaching, please tell us who you would like to take your coaching from. Do you need assistance in finding a coach?*

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*Equipment - If you need equipment, please list what you need.*

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*Miscellaneous - List any other needs you have to further your game of golf.*

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SUBMIT A STATEMENT OF APPROXIMATELY 250 WORDS DESCRIBING YOUR INTEREST IN GOLF, HOW LONG YOU HAVE BEEN PLAYING AND THE ROLE GOLF PLAYS IN YOUR LIFE:

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*Parental Financial Information*

FATHER/GUARDIAN

FULL NAME:

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EMAIL ADDRESS:

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TOTAL GROSS INCOME: \$

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PLEASE ADD ALL OTHER SOURCES OF INCOME (IE: CHILD SUPPORT, PROPERTY, DISABILITY, MONEY FROM RELATIVES, ETC.):  
\$

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MOTHER/GUARDIAN

FULL NAME:

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EMAIL ADDRESS:

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TOTAL GROSS INCOME: \$

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PLEASE ADD ALL OTHER SOURCES OF INCOME (IE: CHILD SUPPORT, PROPERTY, DISABILITY, MONEY FROM RELATIVES, ETC.):  
\$

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TOTAL NUMBER OF PEOPLE IN HOUSEHOLD SUPPORTED BY REPORTED INCOME:

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**If needed, the Board of Directors may request verification of income in the form of tax returns from the prior year. If you are unable to provide tax returns if requested, please notify Jackie Cannizzo, President, Esther Cannizzo Junior Golf Foundation.**

*Candidate and Parent/Guardian Promise*

BY SUBMITTING THIS APPLICATION, I ATTEST THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE ESTHER CANNIZZO JUNIOR GOLF FOUNDATION (ECJGF) TO VERIFY ANY INFORMATION PROVIDED ON THIS APPLICATION AND AUTHORIZE RELEASE TO THE ECJGF BOARD OF DIRECTORS ALL INFORMATION IN THIS APPLICATION AND SUPPORTING DOCUMENTS, IN ADDITION TO MY FAMILY'S FEDERAL TAX RETURNS IF NEEDED.

I UNDERSTAND THAT IN ORDER TO BE ELIGIBLE FOR AN ECJGF GRANT, I MUST MEET THE ECJGF BOARD OF DIRECTORS' MINIMUM STANDARDS IN GOLF PERFORMANCE, CHARACTER AND FINANCIAL NEEDS. I ALSO UNDERSTAND THAT THE ECJGF BOARD OF DIRECTORS WILL MAKE THE FINAL DECISION. IF ACCEPTED INTO THE ECJGF GRANT PROGRAM, I HEREBY GIVE THE ECJGF PERMISSION TO USE CANDIDATE'S NAME, FILM, VIDEOTAPE AND/OR PHOTOGRAPHS OF THE ABOVE-MENTIONED MINOR FOR LAWFUL PROMOTIONAL OR INFORMATIONAL PURPOSES. I ALSO GIVE PERMISSION TO THE ECJGF TO TELL MY STORY TO THE MEDIA FOR PURPOSES OF PROMOTING THE ECJGF GRANT PROGRAM. I UNDERSTAND THAT IF THE ECJGF DOES SO, MEMBERS OF THE MEDIA MAY CONTACT ME FOR COMMENT. THE ECJGF WILL PROTECT THE PRIVACY OF MY PERSONAL FINANCIAL INFORMATION. ALL INFORMATION REGARDING INCOME, TAXES OR OTHER FINANCIAL STATUS WILL ONLY BE MADE AVAILABLE TO THE ECJGF BOARD OF DIRECTORS, AND WILL NOT BE DIVULGED TO THIRD PARTIES.

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW WHEN CONSIDERING YOUR APPLICATION? (I.E. THE APPLICANT'S GOALS OR OTHER ACCOMPLISHMENTS)

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CANDIDATE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This application and any confidential information provided to the Foundation for purposes of determining the applicant's qualifications to receive a grant from the Foundation will be maintained by the Treasurer in a secure location. Once the application process has been completed, the confidential information will be returned to the applicant or destroyed based on the applicant's direction.

SEND COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTS TO:

JACKIE CANNIZZO C/O  
ESTHER CANNIZZO JUNIOR GOLF FOUNDATION  
3695 TURNBURY OAKS DRIVE  
DULUTH, GA 30096