

## **The Paul Bradley Central Counties Junior Scholarship**

Graduating seniors, follow these directions when applying for the scholarship.

1. Applicant completes the first two pages of the application form.
2. Make **absolutely certain** to complete the section that asks you to list the “Two (2)” Central Counties Events in which you participated. These events **must** have been played during your high school years, grades 9-12. High school matches do not count. (For young ladies, this would have to be two of the **junior** tournaments.)
3. Give the last three pages of forms to the appropriate individuals:
  - A. Transcript request form (guidance counselor/school administrator)
  - B. Counselor/Advisor recommendation form (guidance counselor)
  - C. Club recommendation form (club professional/CCGA representative)
4. Get your letter of recommendation from the club official or Central Counties Representative who has written it.
5. Take that letter and the rest of the application to your school counselor for mailing when complete. You should give your counselor the following:
  - A. The two pages you completed
  - B. The club recommendation letter
6. **Counselor**, when completed, please send the application forms, high school transcripts, and 2 letters of recommendation to the following address:

Michael Funicelli  
2024 Black Snake Rd  
Dysart, PA 16636
7. CCGA asks that these forms be returned by June 1<sup>st</sup> of your senior year. Applications will not be accepted after that date. The candidate must attend a post-secondary institution the following year.

If you have any questions regarding these directions, feel free to contact your course CCGA representative or Michael Funicelli at [mjfunicelli@tyrone.k12.pa.us](mailto:mjfunicelli@tyrone.k12.pa.us)

**The Paul Bradley Central Counties Junior Scholarship**  
**Application Form**

Personal Data:

Legal Name: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

**\*\*Should I text, call or e-mail you upon receipt of the application (check one)?**

Text Cell \_\_\_\_\_ Email \_\_\_\_\_ Call Home \_\_\_\_\_

Parents' Names: \_\_\_\_\_(Father)

\_\_\_\_\_ (Mother)

Educational Data:

High School Attended: \_\_\_\_\_

\_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Colleges or trade school that you will be attending:

\_\_\_\_\_

Intended field of study or career program: \_\_\_\_\_

\_\_\_\_\_

**RETURN BY JUNE 1<sup>st</sup> TO:**

Michael Funicelli  
2024 Black Snake Rd  
Dysart, PA 16636

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**Golf Data:**

Golf club or course where you have played junior golf:

\_\_\_\_\_

How long have you been a member? \_\_\_\_\_

Age at which you began to play golf: \_\_\_\_\_

Best eighteen hole score to date: \_\_\_\_\_

Number of rounds played in a typical week during summer vacation: \_\_\_\_\_

At least two (2) Central Counties events in which you took part:

\_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

Other golfing activities in which you participated, not sponsored by CCGA.

(PIAA, Open Tournaments, Etc.):

\_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ Location: \_\_\_\_\_

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HIGH SCHOOL TRANSCRIPT REQUEST FORM

The following student is a candidate for a Central Counties Golf Association junior golf scholarship. The selection committee requests an official transcript of his/her school records. Your prompt attention to this matter is greatly appreciated.

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(Student's name)

I give permission for my child's school records to be released to the Central Counties Golf Association Selection Committee for scholarship consideration.

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(Parent signature)

**Please send the transcript by June 1<sup>st</sup> to:**

Michael Funicelli  
2024 Black Snake Rd  
Dysart, PA 16636

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CLUB RECOMMENDATION FORM

Candidate's Name: \_\_\_\_\_

Club Name: \_\_\_\_\_

Recommender Name: \_\_\_\_\_

Recommender Title: \_\_\_\_\_

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

Comment or attach a recommendation letter:

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**Return by June 1<sup>ST</sup> TO:**

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COUNSELOR/ADVISOR RECOMMENDATION

The following student is a candidate for a Central Counties Golf Association junior golf scholarship. The selection committee respectfully requests your comments concerning this applicant. We are particularly interested in evidence of maturity, initiative, capacity for growth, good manners and sportsmanship, leadership potential, and enthusiasm. We welcome any information that will better help us to understand him or her in school and the community. Thank you.

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(Candidate's Name)

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(Parent permission to respond)

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(Counselor/Advisor Name)

**RETURN BY JUNE 1<sup>st</sup> TO:**

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