



Making the Turn Against Parkinson's 2017 Scholarship Application

PERSONAL INFORMATION

Candidate:

First Name	Last Name
Street Address	City, State, Zip Code
Phone	Email

Parent or Legal Guardian:

First Name	Last Name
Street Address	City, State, Zip Code
Phone	Email

ACADEMIC INFORMATION

High School	GPA	College or University	GPA
Street Address	City, State, Zip Code	Street Address	City, State, Zip Code

Academic Reference:

Name	How You Know This Person
Phone	Email

Personal Reference:

Name	How You Know This Person
Phone	Email

RELATIVE INFORMATION

Relative With Parkinson's:

Living Deceased

Name	Relationship
Street Address	City, State, Zip Code
Phone	Email

Relative's Physician:

Physician Name	Clinic Name
Street Address	City, State, Zip Code
Phone	Email

Candidate Signature Date

Parent or Legal Guardian Signature Date

By my signature above, I hereby agree to all of the following:

This application does not contain any false or misleading information.

I have read and understand the eligibility criteria for the scholarship.

I hereby give permission to Making the Turn to use my submission of documents and any non-confidential information contained within, as well as any pictures taken in conjunction with this scholarship or any website, electronic, or social media platform.

Checklist: Completed application

Proof of relative's diagnosis

Most recent college transcript -OR-

Most recent HS transcript -AND- college acceptance letter

Screenshots of social media posts

Written response to questions

All documents must be emailed to:
scholarship@MakingTheTurnGolf.com