

# Hawaii State Women's Golf Foundation Travel Stipend Form

1. Name: \_\_\_\_\_

2. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Email address: \_\_\_\_\_

4. Mailing address:  
\_\_\_\_\_

5. City, State, Zip: \_\_\_\_\_

6. Date of Application: \_\_\_\_\_

7. Are you a junior golfer? \_\_\_\_ Yes      No

8. Check which championship this travel stipend application is for and indicate the date of competition and venue:

<b>CHAMPIONSHIP</b>	<b>DATE HELD</b>	<b>VENUE</b>
USGA Junior Girls	_____	_____
USGA Women's Public Links	_____	_____
USGA Women's Amateur	_____	_____
USGA Women's Open	_____	_____
USGA Women's Mid-Amateur	_____	_____
USGA Senior Women's	_____	_____
USGA State Team	_____	_____

9. Have you received an HSWGFF travel stipend before? \_\_\_\_ Yes \_\_\_\_ No. If yes, list event(s), year(s) and amount(s) received.

\_\_\_\_\_

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## 10. Expense Report for this Championship

Plane Fare	\$ _____
Hotel	\$ _____
Meals	\$ _____
Ground Transportation	\$ _____
Caddy/Cart Fees	\$ _____

11. \_\_\_\_\_  
*Signature of Applicant* *Date*

12. \_\_\_\_\_  
*Signature of Parent/Guardian (if applicant is a junior golfer)*