Ridgewood Ladies Golf Club

Dr.Charlie Sifford & Dr. Mikell Johnson Scholarships Application

Please **type** or **print** your answers. If the application is illegible it will not be considered.

1.	**Last Name:** _____	**First Name:** _____
2.	**Mailing Address:** **Street:** _____ **City:** _____ **State:** _____ **Zip:** _____	
3.	**Daytime Telephone Number:** (_____) _____ **Cell Phone Number:** (_____) _____	
4.	**Date of Birth: Month** _____ **Day** _____ **Year**_____	
5.	**High School presently attending:**_____	
6.	**Grade Point Average (GPA):** _____ **(On a 4.0 scale)** **Attach proof of GPA. Your most recent official school transcript required.**	
7.	**Anticipated graduation date:** _____	
8.	**I will be attending the following school in the Fall of** _____ **Name:** _____ **Address:**_____ **City/State/Zip:** _____ **Financial Contact Name:** _____ **(Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds)**	
9.	**What specialty/major do you plan to pursue?** _____	
10.	**Name & address of parent(s) or legal guardian(s):** **Name:**_____ **Address:**_____ **City/State/Zip:**_____	

	Phone number of parents or legal guardian: _____

11.	**What are your educational and professional goals and objectives? (Attach if preferred)** _____ _____ _____ _____ _____ _____

12.	**List your community service, athletics, hobbies, outside interests, and extracurricular activities: (Attach if preferred)** _____ _____ _____ _____ _____ _____

13. Personal Essay

On a separate attachment, please explain how you have overcome adversity and what impact did this experience have on the life choices you have made and your plans for the future?

14.	**If you receive the scholarship, how will this scholarship help you reach your future goals?** _____ _____ _____ _____ _____
15.	**The following items must be attached for the application to qualify to be reviewed by the scholarship committee. Incomplete applications will not be considered.**
	● **Two reference letters. Return these completed documents in a sealed envelope. One letter must be from a teacher and one must be from an adult leader in an athletic program, community project or volunteer program in which you have participated.**
	● **Signature of School Official (preferably a Guidance Counselor) attesting that the information provided in this application is true.**
	● **Essay**

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the scholarship program.

Signature of scholarship applicant: _____

Date: _____

Application Deadline: March 15, 2026

Please return all required materials to:

Ridgewood Ladies Golf Club
P.O. Box 30122
Columbia, SC 29230