The ASGA Assistance Fund is a program created by the Arkansas State Golf to create a need-based tool to help provide golfers in Arkansas with temporary financial aid directly related to competition.

The ASGA Assistance Fund is designed to help golfers in Arkansas alleviate the financial burden of expenses directly related to competition, whether in Arkansas, regionally, or nationally. The Program has limited funds to provide this help so each applicant will be required to complete an Application describing his or her family information and need. The Application can mailed to the Arkansas State Golf Association P.O Box 30250, Little Rock, AR 72260. Upon receipt of this Application the ASGA Assistance Fund Committee will review the information and will make a determination on whether to approve the Application. If approved, the amount of the financial aid and the timeframe in which this aid will be provided will be included in the response from the ASGA Assistance Fund Committee.

Any subsequent requests from the same individual will need to go through this same process starting with the completion of the Assistance Application. All aid will be based solely on available funds and need.

Applications for the ASGA Assistance Fund can be found at www.ASGA.org under the “Membership” tab. Please contact the Arkansas State Golf Association with any questions you may have.
Name: _____________________________________________

Today’s Date ___/___/___            Birthdate___/___/___         Email Address:___________________________

Home Address:_________________________________________________________________________________

Home Phone Number:_________________________ Cell Phone Number:___________________________

Father’s Name:_________________________________ Cell Phone Number:___________________________

Email:_________________________________________ Address:_____________________________________

Mother’s Name:_________________________________ Cell Phone Number:___________________________

Email:_________________________________________ Address:_____________________________________

Father’s Occupation and Income: ________________________________________________________________ $________

Mother’s Occupation and Income: ________________________________________________________________ $________

Do you have any siblings at home?_____  If so, how many?________

Please provide a description of your current circumstances that result in the request for this Assistance:

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Upon receipt of this application the ASGA Assistance Fund Committee will make a determination based on availability and need and will reply to you within 2 weeks of submission. The information contained in this application is considered Confidential among the Committee. Thank You.