

DAVID S. ISHII FOUNDATION

Junior Boys Golf Travel Stipend Application

Social security number: _____ - _____ - _____

Date of Birth: _____

Name: _____
First Middle Initial Last

Permanent Hawai'i address: _____
Street number (or PO Box) City State Zip

Phone Number: _____ Alternate phone number: _____

E-mail address: _____ School Attending: _____

1. Which tournament will you be participating in? _____

2. Tournament Date (s): _____ Tournament Location: _____

3. Estimated Expenses: Plane Fare _____
Ground Transportation _____
Hotel _____
Meals _____
Other _____ Explain: _____
TOTAL _____

4. What percent of the total expense can you or your family provide? _____ %

5. Will you be able to go to the tournament without stipend assistance? *(Please explain)* _____

6. Will you be receiving assistance from other sources? Please identify source(s) and amount(s):

_____ \$ _____
_____ \$ _____
_____ \$ _____

7. Are you a first time applicant for a DSIF Stipend? _____ Yes _____ No *(If No, list DSIF stipend history):*

Tournament _____ Date _____ Location _____

Tournament _____ Date _____ Location _____

Tournament _____ Date _____ Location _____

(Please attach a separate sheet, if necessary.)

I understand that all recipients of the DSIF Travel Stipend are expected to turn in a written report of his tournament experience including a summary of expenses. Reports not filed preclude consideration for future grants. Reports are due within **thirty days** of tournament completion.

Signature of applicant _____ Date: _____

Signature of Parent/Guardian(if under 18) _____ Date: _____

Send completed Application to:

DSIF Jr. Golf Travel Stipend for Boys Committee
P. O. BOX 2927
AIEA, HI 96701