

PGA TOUR Charitable and Educational Fund Distribution Request

PLEASE PRINT

Name _____
(Last) (First) (MI)

Social Security # _____

Address _____
(Street)

Phone # _____

_____ (City) (State) (Zip)

CHARITABLE AND EDUCATIONAL FUND INFORMATION

ELIGIBILITY

Grants from the Fund are restricted to eligible individuals who are poor and/or distressed in cases of death, illness, accident or emergency situations. Distributions are limited to amateur and professional golfers who have participated in national or regional golf tournaments and members of their respective families.

CRITERIA FOR EVALUATING GRANT APPLICATIONS

Grants are eligible to individuals who demonstrate severe financial hardship resulting from:

- Death in the immediate family
- Destitution
- A severe illness or accident
- Fire, crime, flood or other disaster
- Care and training of a handicapped dependent
- Other tragedy

No payments may be made to the extent that the hardship may be relieved through insurance or other reimbursement or liquidation of the applicant's assets (to the extent such liquidation would not itself cause severe financial hardship) .

APPLICATION PROCESS

1. Complete the attached: Personal Eligibility Statement; Declaration of Net Worth; Personal Income Statement. Attach any other additional information you may deem pertinent.
2. Return this form, along with the above items to the PGA TOUR, Inc., 100 PGA TOUR Blvd., Ponte Vedra Bch. FL 32082, Attention: Jeanne Lightcap,SVP Finance
3. Once the application is complete, the distribution request will be presented for review to the Board of Trustees of the PGA TOUR Charitable and Educational Fund.
4. The applicant will be notified of the Trustees' decision and, if the application is approved by the Trustees, disbursement will be made as soon as administratively practicable.

PERSONAL INCOME STATEMENT

Please list the source and amount of any current or expected income:

<u>Source</u>	<u>Amount</u>	<u>Frequency (Monthly or Annually, etc.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list your expected monthly expenses such as electric, rent or mortgage, telephone, etc:

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list semi-annual or annual expenses such as insurance and taxes:

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list any unusual expenses you expect to incur:

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

I acknowledge and agree that the information provided above will be utilized by the PGA TOUR Charitable and Educational Fund in determining my eligibility for a distribution from the Charitable and Educational Fund. By the execution of this Personal Income Statement, I hereby acknowledge that the information contained herein is factual and complete in all respects.

By: _____

Date: _____

DECLARATION OF NET WORTH

Please list the most current balance in all checking, savings, and investment accounts (include the date of the balance):

Please list any non-liquid assets. Include such items as real estate holdings or investments, boats, planes, businesses, etc.

Please list the most recent balance of any liabilities (note date), including but not limited to commercial loans such as auto loans, charge accounts, and mortgage/real estate loans.

Please list any other liabilities including loans from family or friends and unreimbursed medical expenses. In addition, please attach copies of support for these bills or loans.

I acknowledge and agree that the information provided above will be utilized by the PGA TOUR Charitable and Educational Fund in determining my eligibility for a distribution from the Fund. By the execution of this Declaration of Net Worth, I hereby acknowledge that the information contained herein is factual and complete in all respects.

By: _____

Date: _____