



**Gold Coast Junior Golf
Foundation, Inc.**
419 NW 13th Drive
Boca Raton, Florida 33486
954-480-3122
www.gcjgf.org



Application for GCJGF **GEM** 529 Educational Plan Grant

Parent First Name: _____ Parent Last Name: _____

Child (Member) First Name: _____ Child Last Name: _____

Age Division Played: _____ Events Played _____ Number will be verified by BlueGolf Report

Name of the Institution Providing the 529 Plan: _____

Institution Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

First Name of the 529 Account Owner: _____ Last Name: _____

Date of Birth: ____/____/____ 529 Plan Account Number _____

Mailing Address of Account Owner (if different than above):

Street: _____ City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) _____ - _____ Cell Phone Number: (____) _____ - _____

Email Address: _____

Name of the Beneficiary First Name: _____ Last Name: _____

Name of the Beneficiary Address:

Street: _____ City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) _____ - _____ Cell Phone Number (____) _____ - _____

Email Address: _____

I hereby certify that the information above is factual and true.

Signature

Date

Grant Application Must Be Received by 5:00 PM on August 20, 2020