



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



Application for 2020-2021 GCJGF **GEM** 529 Educational Plan Grant

Parent First Name: _____ Parent Last Name: _____

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

Division Played: _____ Number of Events Played _____ (will be verified by BlueGolf Report)

Circle One: Florida Pre-Paid 529 Plan Florida 529 Savings Plan Other 529 Savings Plan

Account Number _____

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: _____

Mailing Address of Account Owner:

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

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

Email Address: _____

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

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

GEM 529 Plan Application Must Be Received by August 20, 2021
Email to: juniorgolf22@outlook.com