



Financial Aid Request

Please complete the entire form



Participant Name: _____ O New O Returning

Full and partial scholarships are available. Please indicate the scholarship amount you are requesting: 50% 100%

FAMILY INFORMATION:

Number of people living in your household: _____ Number of children under age 18: _____

Number of children in your household participating in The First Tee of the Inland Northwest programs: _____

Does your family: Own their home Rent Other

Parent(s) current marital status: Married Single Separated Divorced Widowed

EMPLOYMENT STATUS:

Mother: Full-time Part-time Unemployed Retired Disabled

Father: Full-time Part-time Unemployed Retired Disabled

Guardian: Full-time Part-time Unemployed Retired Disabled

For Office Use Only

Date Rec'd ____/____/____

Amount \$ _____

FAMILY HOUSEHOLD INCOME:

Below \$10,000 \$10,000 - \$24,999 \$25,000 - \$49,999 \$50,000 +

Is the student eligible for free or reduced lunch (based on the Federal Free or Reduced School Lunch Program): Yes No

Have you applied for a scholarship with The First Tee of the Inland Northwest before: Yes No

Please indicate the session you are registering for:

Season: SPRING SUMMER FALL

Program Type: PLAYer PAR BIRDIE EAGLE ACE

(see website for full class descriptions)

CLASS NAME: _____ CLASS NUMBER: _____

The information provided above is strictly confidential. Applications will be reviewed and notification will be made to the email address provided during registration within 10 business days of receipt.

Financial aid may cover only a portion of the class fee. The remaining balance is the responsibility of the recipient. If payment creates a hardship, a payment contract is available. **PARENT/GUARDIAN INITIAL** _____

Recipients are expected to meet attendance requirements by attending 6 of 8 scheduled classes spring and summer and 5 of 6 scheduled classes in the fall. PARENT/GUARDIAN INITIAL _____

I, the parent/legal guardian of the above named youth, verify that the above information is accurate:

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Relationship to student: _____

Please attach this scholarship application to your registration form and return to:
The First Tee of the Inland Northwest ▪ PO Box 4553, Spokane, WA. 99220
Phone (509) 688-9892 ▪ Fax (509) 621-1540
info@thefirstteeninlandnw.org