



## **Financial Assistance Application**

The First Tee of North Florida has a policy of not turning any child away for the inability to pay. We strive to work with families so their child may participate in our programs. Our attendance policy is in place because of our limited class sizes. If at any point your child does not exhibit the core values that we teach and disrupts class, they may be suspended from The First Tee programming. The program is a privilege and we will provide to the best of our ability to all children across our region. Please understand that as a scholarship participant you and your child may be asked to write thank you letters to donors, submit your story, or to participate in fundraising events. Financial Assistance is valid for the calendar year in which you apply for and will expire on December 31 of each year. All participants must reapply each year. We ask that if you are able to pay a portion of any of the costs that you do so. Contributions also can be counted in any amount towards the cost of the program. Please submit applications to Jeff Willoughby at [jeff@thefirstteenorthflorida.org](mailto:jeff@thefirstteenorthflorida.org). Please follow the process step by step:

- 1) Submit the Yearly Application – Must Fill Out Form For Each Child Participating
  - a. Must fill out once per calendar year per child.
  - b. This form will include your assistance for the First Tee Junior Membership.
  - c. Assistance is not given for sole purposes of only Junior Memberships (must do programming)
- 2) Visit [www.thefirstteenorthflorida.org](http://www.thefirstteenorthflorida.org) and Click on the yellow Register Button
- 3) Click “Sign Up / Log In” in the top right of the page
- 4) Fill out the information on the left side with Account Holder info (Name, Email, and Password).
  - a. It will notify you if you have already created an account – then you would simply log in.
- 5) Click My Participants at the top and add each child you have that will be participating.
- 6) Director of Programming will contact you about the amount of assistance that is approved.
  - a. Assistance may vary per event and some events are excluded from assistance.
- 7) Submit the Program Application for **EACH** program you wish your child to participate.
  - a. Must fill out for separate form for each child participating.
  - b. Fill out and submit at least 5 business days before registration period starts to guarantee approval/denial of assistance before registration starts.
- 8) Register Online when the registration period opens.
  - a. Assistance is given in the form of a credit on the account.
  - b. When you go to the payment page, you will hit the apply credit button and use the credit.
- 9) Repeat steps 7 & 8 throughout the Calendar Year for any programs you wish to sign up for.

## **Attendance Requirements**

***In order to provide the best possible learning environment, we require that all scholarship participants are actively involved in the program. Your child is required to attend a minimum of 80% of each session in order to keep the scholarship and membership active.***

**Participant Information**

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Male: ☐ Female: ☐ Age: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Grade Level \_\_\_\_\_

**Returning or New Participant:** \_\_\_\_\_ **Level: (Returning Participants Only)** \_\_\_\_\_

**Ethnic code** (see codes below- optional): \_\_\_\_\_ **Disability** (optional) \_\_\_\_\_

A: Asian B: Caucasian C: African American D: Native American E: Hispanic F: Other \_\_\_\_\_

**Amount of assistance requested:**

100% Assistance Requested \_\_\_\_\_ 50% Assistance Requested \_\_\_\_\_ Other Assistance Requested \_\_\_\_\_

**Programs Interested in Participating That Would Require Assistance:**

- ☐ Golf & Life Skills Experience Classes (CORE Programming)
- ☐ Tournament Series
- ☐ LPGA-USGA Girls Golf Events
- ☐ Miscellaneous Events
- ☐ PGA Junior League
- ☐ School Associated Programs (Director of Outreach Approves)

**Please explain why you are Requesting Assistance for The First Tee of North Florida program fees?**

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**How do you feel participation in The First Tee program will impact your child's life?**

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**Adult Contact Parent or Guardian**

Name: \_\_\_\_\_ Phone: (Best Contact #) \_\_\_\_\_

Address (if different): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address (Same used to register) \_\_\_\_\_

I agree to the terms of this application and realize that if we do not follow the steps or requirements, that our assistance may be suspended or revoked at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_