



2011 Scholarship Application

For Office Use Only
Rec'd _____
Approved by _____
For \$ _____

Participant Name: _____ O New O Returning

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 Live with relatives/friends

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

FAMILY HOUSEHOLD INCOME:

Below \$10,000 \$10,000 - \$24,999 \$25,000 - \$74,999 \$75,000 +

Is the student eligible for free or reduced lunch (based on the Federal Free or Reduced Scholl 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:

Program Type: TARGET PLAYer PLAYer ADV PAR 1 PAR 2 BIRDIE EAGLE

(see website for full class descriptions)

Dates / Times: (please specify the dates & times of the class) _____

Full and partial scholarships are available. Please indicate the scholarship amount you are requesting:
<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> Other: _____

The information provided above is strictly confidential. Applications will be reviewed and notification will be made to the email address provided on the registration form within 10 business days of receipt. Recipients are expected to meet attendance requirements equal to 80% of scheduled classes.

Scholarships 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 plan may be negotiated. Please indicate the amount you are able to contribute on a weekly or monthly basis in order to pay the amount in full within a reasonable time frame. _____

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 youth: _____

Please attach this scholarship application to your registration form and return to:
The First Tee of the Inland Northwest ▪ 301 E. Meadowlane Rd., Spokane, WA. 99224
Phone (509) 688-9892 ▪ Fax (509) 621-1540
info@thefirstteeinlandnw.org