

The First Tee of San Francisco

Financial Aid Application Form

Only those requesting additional assistance should complete this form. CUT OFF DATE for submission for Financial Aid is seven days prior to the start of the session. Notification of financial aid will be sent to the email address provided. Information is strictly confidential and may only be reviewed by the Director of The First Tee and Financial Committee.

STUDENT INFORMATION:

Students Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Current School: _____ Grade: _____

Has your child participated in The First Tee before? YES NO

If yes, when: _____

What other extracurricular activities is this child involved in?

Please tell us a little bit about your child.

PARENT INFORMATION:

Parent/Legal Guardian: _____ Relationship: _____

Email Address: _____ Phone Number: _____

Current Housing Information: OWN RENT LIVE WITH RELATIVES

Monthly Payment: _____

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

State your household income: \$ _____

Would you be willing to submit income verification if requested? YES NO

Have you applied for or do you receive financial aid from any other source or entity? If yes, please describe

Does your child (ren) participate in a school Free/Reduced Lunch Program? YES NO

Number of people in your current household: _____ Number of children under the age of 18? _____

1. Child's Age _____ 2. Child's Age _____ 3. Child's Age _____ 4. Child's Age _____

Reason for requesting financial aid:

I verify that the above information is accurate and understand I may have to supply further information if requested:

Legal Guardian Signature: _____ Printed

Name: _____

Date: _____