



## **SUMMER GOLF CAMP 2018** **SCHOLARSHIP APPLICATION**

### **Philosophy and Purpose:**

The mission of The First Tee Clearwater is to impact the lives of young people by providing learning facilities & educational programs that promote character development and life enhancing values through the game of golf.

### **Criteria for Awards:**

Scholarships are based on:

- Interest in learning and participating in the game of golf.
- Potential for growth and development through the Golf and Life Skills Experience.
- Receives free or reduced lunch.

### **Scholarship Awards:**

- Scholarships are partial and require a \$25 fee for each week in attendance.
- If a child is awarded a scholarship the maximum offered will be two weeks. More than two weeks per participant may be considered, but will be based on enrollment.
- Children must follow The First Tee Code of Conduct during the camp.
- The child must have an interest in learning the game of golf and is required to participate in all activities.

### **How to Apply:**

The best opportunity for an award is to return your completed application as early as possible! Application reviews begin April 9, 2018. Applications received early in the process are more likely to be awarded.

Please return the completed application and required documentation to:

James Poulter, 3030 N. McMullen Booth Road, Clearwater, Florida 33761  
Phone: 727-726-8829 ext. 215 Fax: 727-726-8553 E-mail: james@chichi.org

# The First Tee Clearwater Scholarship Application

(To Be Completed by Parent/Guardian)

Participant's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

New Participant \_\_\_\_\_ Returning \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Parent/Guardian** (please list each parent or guardian who is financially responsible for participant.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to child: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_ Years w/Employer \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to child: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_ Years w/Employer \_\_\_\_\_

## **Financial Information**

Total Annual Household Income \$ \_\_\_\_\_

Please list number of dependents \_\_\_\_\_

## **For All Scholarship Requests**

Please circle the dates and sessions you would like your child to attend.

JUNE 4-7

JUNE 11-14

JUNE 18-21

JUNE 25-28

JULY 9-12

JULY 16-19

JULY 23-26

JULY 30-AUGUST 2

AUGUST 6-9

\* No Camp Week of July 4th

