



SUMMER GOLF CAMP 2009 **SCHOLARSHIP APPLICATION**

Philosophy and Purpose:

The mission of The First Tee of 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:

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

Scholarship Awards:

- If a child is awarded a scholarship(s) the maximum offered will be two weeks.
- Children must follow the Rules of Conduct.
- The child must have an interest in learning the game of golf and is required to participate in all activities.
- If a child is attending a full day session they should bring their lunch and drink.
- No early drop off or late pick up of children will be allowed.

How to Apply:

The best opportunity for an award is to return your completed application as early as possible! Application reviews begin June 1, 2009. Applications received early in the process are more likely to be awarded.

Please return the completed application and documentation of free or reduced lunch qualification to:

Brandon Walker, 3030 N. McMullen Booth Road, Clearwater, Florida 33761
Phone: 727-726-8829 ext. 238 Fax: 727-726-8553 E-mail: Brandon@chichi.org

The First Tee of 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 _____

Is the participant on free or reduced lunch Yes _____ No _____

Parents/Guardians (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

Please attach a photocopy of the 2008-2009 qualification for free or reduced lunch.

Total Annual Household Income \$ _____

Please list number of dependents _____

How many weeks of camp are you requesting? _____ (two week maximum)

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

June 8 - 11

July 6 - 9

August 3 - 6

June 15 - 18

July 13 - 16

August 10 - 13

June 22 - 25

July 20 - 23

August 17 - 20 (AM Only)

June 29 - July 2

July 27 - 30

Morning Session 9:00 am to 12:00 pm (ages 5-10)
Afternoon Session 1:00 pm to 4:00 pm (ages 11-18)
All Day Session 9:00 am to 4:00 pm (ages 11-18)

