



## Financial Assistant Form

First Tee of South Central Wisconsin is dedicated to providing our programs to our participants regardless of financial situation. Families receiving free or reduced lunch at school qualify for financial assistance through First Tee of South Central Wisconsin.

### **Youth Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

### **Program Information:**

Program Location (Course Name): \_\_\_\_\_

Program Name: \_\_\_\_\_ Program Fee: \_\_\_\_\_

Program Dates and Time: \_\_\_\_\_

### **Declaration:**

I, \_\_\_\_\_, (Parent/Guardian Name) am requesting Financial Assistance for the above named youth. In support of this request, I declare that my child is currently qualified for the National Free and Reduced Lunch Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Participants qualifying for financial assistance through First Tee of South Central Wisconsin will receive an 80% discount of the program fee. If there are additional financial hardships, please contact Brad Munn, at [brad@firstteescw.org](mailto:brad@firstteescw.org)*

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