



Financial Assistance Form

The 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 The 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 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 The First Tee of South Central Wisconsin will receive an 80% discount of the program fee. If there are additional financial hardships, please contact AJ Kriha, Program Director, at akriha@thefirstteescw.org. Send completed form to:

By Mail: The First Tee of South Central Wisconsin
5501 Schroeder Rd., Suite 100
Madison, WI 53711

By Email: AJ Kriha at akriha@thefirstteescw.org