



Scholarship Request

Student's Name: _____ Date of Birth: _____

Student's School: _____ Grade Level: _____

Free or Reduced Lunch Program: Yes _____ No _____

Parent/Legal Guardian Information

Parent/Guardian Name: _____

Relationship: _____

Mailing Address: _____ Apt. # _____

City: _____, CA Zip: _____

Day Time Phone # _____ Evening Phone # _____

Contact Email: _____

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

Please select an option below based on your ability to pay:

Option 1: Total Session Cost - \$50

Option 2: Total Session Cost - \$30

Option 3: Total Session Cost - \$15

The First Tee of Los Angeles appreciates your financial situation and will be fully committed to providing our Life and Golf Skills Experience to your child. All we ask is the same level of commitment from you. Please be committed to the class and any participant who misses 2 classes in a row or a total of 3 classes, may be asked to drop the class.

I verify that the above information is accurate:

Legal Guardian Signature: _____ Date: _____

Relationship to Student: _____

Return completed forms to:

Chris Steele
CSteele@TFTLA.org
Fax: (213) 680-8008