



# The First Tee of Pittsburgh Financial Aid Form

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Child/Children's Name(s):

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M  F

Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M  F

Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M  F

Grade: \_\_\_\_\_ School: \_\_\_\_\_

By signing this document I affirm that my/our family income is \$49,999.00 per year or less. I also acknowledge that it is in violation of the rules and policies of The First Tee® of Pittsburgh to falsify this document, and that doing so will result my child/children being removed from all programs of The First Tee® of Pittsburgh. I understand that this information is provided on the "honor system".

Parents/Guardian signature: \_\_\_\_\_

Please print name: \_\_\_\_\_

Financial aid is granted to all persons who meet the above criteria regardless of race, color, sex, age, sexual orientation, physical ability, or national origin.