



**Traverse City Junior Golf Association (Financial Assistance)**

Financial Assistance is available to qualifying juniors and is designed to help offset the cost of Traverse City Junior Golf Association (TCJGA) membership, lessons and tournaments. If you feel that you qualify for financial assistance from the TCJGA, please print out this Financial Assistance Request Form, fill in and return it, along with a brief statement why you feel you might qualify for financial assistance to participate in TCJGA programs.

**FINANCIAL ASSISTANCE FOR MEMBERSHIP APPLICATION**

Please complete the below application and mail to: TCJGA office, 3403 Veterans Drive, Suite B, Traverse City, MI, 49684 or Email to: todd@tcjga.com. You may use the back of this page to complete the questions below. If question please contact Todd Hursey, TCJGA Executive Director at (231) 499-1594.

**Participant Information**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

MALE  FEMALE  Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ GPA: \_\_\_\_\_

SCHOOL ACTIVITIES: \_\_\_\_\_

COMMUNITY / OTHER ORGANIZATIONS ACTIVE IN: \_\_\_\_\_

GOLF EXPERIENCE (LESSONS, CLINICS, TOURNAMENTS ETC.): \_\_\_\_\_

DESCRIBE HOW YOU BECAME INTERESTED IN GOLF: \_\_\_\_\_

WHAT DO YOU EXPECT TO GAIN BY PARTICIPATING IN TCJGA programs: \_\_\_\_\_

**Parent/Guardian Information**

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Occupation: \_\_\_\_\_ Current Employer: \_\_\_\_\_

\*Does your family qualify for the Free or Reduced Lunch Program at school? \_\_\_\_\_

\*How much can you afford to pay towards membership, lessons or tournaments: \$ \_\_\_\_\_

\*All participants must pay some portion of the yearly TCJGA membership fee.

Please write a brief statement why you feel you might qualify for financial assistance to participate in TCJGA programs.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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\*\*\* OFFICE USE ONLY Received Date: \_\_\_\_\_ Division: \_\_\_\_\_ Approved? \_\_\_\_\_ Amount: \_\_\_\_\_