

SHAWNEE COUNTY JUNIOR GOLF

FINANCIAL ASSISTANCE APPLICATION

Name: (Head of household requesting assistance)

Address:

City: Zip Code:

Home Phone: Work Phone:

Cell Phone:

Employer:

Total household monthly gross income: $ (household monthly income includes all income of all household members, wages, salary, social security, public assistance, childcare assistance, unemployment, insurance, child/spouse support, pension/retirement and all other sources of income.)

Total family members:

Name of Child requesting scholarship:

Age of Child: Gender: Male / Female

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of financial assistance; and Shawnee County Junior Golf staff may verify the information on the application. I also understand that deliberate misrepresentation of the information may subject me to prosecution under the applicable State and Federal laws.

Signature: (Head of household requesting assistance)