



# Junior Golfer Grants Entry and Travel Assistance



The Florida State Golf Association is proud to provide junior golfers with entry and travel assistance to state and national competitions.

### Acceptable Uses

- Reduced entry fee into FJT or FSGA competitions
- Hotel and travel expenses for FJT or FSGA competitions

### Eligibility Requirements

- Florida resident and US Citizen
- Household income generally less than \$125,000 (additional factors considered – number of children, other potential sources of funding, etc.)
- Please include the first two pages of the previous year’s 1040 tax return
- Application must be submitted a minimum of three weeks prior to the tournament dates

**Applying for:** (please check)  **FJT Entry Assistance**  **Travel Assistance**

Player’s Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Player’s SSN or ITIN for tax purposes: \_\_\_\_\_

*(A 1099 tax form will be mailed in January of next year and should be kept for tax records)*

### Family Information

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

Family Income (total): \$ \_\_\_\_\_ (please include the first two pages of the previous year’s 1040 tax return)

# of adults living at home: \_\_\_\_\_ # of children living at home: \_\_\_\_\_

Adult Employer: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Adult #2 Employer: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

### **Player associated with a Junior Program, Golf Professional, or Coach:**

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

Phone Number: \_\_\_\_\_ Course or Jr. Program: \_\_\_\_\_

## Race & Ethnicity

In an ongoing effort to assess our junior golf programs, we ask that you complete the race and ethnicity questions below. Please answer BOTH questions #1 & #2. These questions are identical to those asked on the 2020 US Census. (For this census, Hispanic origins are not races.)

1. Is the junior golfer of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin (If No, continue to question #2)
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print on the line below, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. (include in the line below)*
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2. What is the junior golfer's race? Mark one or more boxes and print origins on the line below:

- White – *Print for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- Black or African Am.– *Print for example, African, American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*
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- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Chinese                             | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian                                |
| <input type="checkbox"/> Filipino                            | <input type="checkbox"/> Korean     | <input type="checkbox"/> Samoan   |
| <input type="checkbox"/> Asian Indian                        | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Chamorro                                       |
| <input type="checkbox"/> Other Asian –<br><i>Print below</i> |                                     | <input type="checkbox"/> Other Pacific Islander -<br><i>Print Below</i> |
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- Some other race – *Print race or origin below*
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**If applying for Travel Assistance, please complete the following:**

Name of Event: \_\_\_\_\_

Event Date: \_\_\_\_\_

Travel Distance: \_\_\_\_\_

*(Miles traveled to event from home address. Must be 75 miles or more to be eligible for assistance)*

Total Estimated Costs: \$ \_\_\_\_\_

Tranportation: \$ \_\_\_\_\_

Meals: \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

Who will be attending with the player: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Other Considerations**

Please describe your current situation and include any information that will assist the FSGA in granting you financial assistance. Please list other financial assistance you are receiving.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Junior Golf**

Please list tournaments outside of FSGA events that you have competed in over the past two years

Event Name	Year	Score	Finish
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant:

Signature of Parent/Guardian:

\_\_\_\_\_