



**HOOK A KID ON GOLF  
TEE LEVEL CLINIC - MATCHING GRANT**

**Grant Deadline:  
April 20, 2012**

Legal Name of Applicant: \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- **Your organization must be a non-profit organization designated by the IRS as 501(c)(3) or a Government entity such as a school or municipality. (If you are not a non-profit organization and are interested in applying for the grant please contact the Hook A Kid On Golf national headquarters for information)**
- **The USGA Foundation will match contributions to fund economically disadvantaged participants. The USGA Grant will match dollars locally raised up to \$1,250 per Hook A Kid On Golf clinic.**
- **Matching funds and the USGA Grant must be used to cover the \$125 program fee for each economically disadvantaged participant. (i.e. A \$1,250 raised by your organization would provide for 10 economically disadvantaged participants in the clinic. The USGA would match the \$1,250 to provide for an additional 10 economically disadvantaged participants in the clinic.)**
- *NOTE: No additional fees (i.e. registration fees) may be charged to the economically disadvantaged participants sponsored by the matching funds raised by your organization and this USGA grant. Failure to adhere to the guidelines of this grant will jeopardize the future of this grants program and the relationship between your organization, the USGA and Hook A Kid On Golf.*
- **Please be as specific as you can and enclose additional pages if needed. Application should be totally unbound except for clips. If you use a computer, please list the questions before your responses. Incomplete answers may delay processing of application.**

**APPLICATIONS MUST BE RECEIVED PRIOR TO THE START OF EACH CLINIC  
ALONG WITH A CONFIRMED SITE REPORT. APPLICATIONS WILL NOT BE  
CONSIDERED IF RECEIVED AFTER YOUR CLINIC IS COMPLETED.**

1) How many Hook A Kid On Golf Tee Level Clinics are you requesting USGA assistance for?

\_\_\_\_\_

2) Dates of Hook A Kid On Golf Program Operation (*list additional dates of additional clinics if you are requesting USGA assistance for more than 1 clinic*):

**Clinic #1:** From \_\_\_\_\_ To \_\_\_\_\_

**Clinic #2:** From \_\_\_\_\_ To \_\_\_\_\_

**Clinic #3:** From \_\_\_\_\_ To \_\_\_\_\_

**Clinic #4:** From \_\_\_\_\_ To \_\_\_\_\_

3) How many youths will participate in your Hook A Kid On Golf Tee Level Clinic program? (*list number of participants in each clinic if you are requesting USGA assistance for more than 1 clinic*):

**Clinic #1:** # of Participants: \_\_\_\_\_ # of Males: \_\_\_\_\_ # of Females: \_\_\_\_\_

**Clinic #2:** # of Participants: \_\_\_\_\_ # of Males: \_\_\_\_\_ # of Females: \_\_\_\_\_

**Clinic #3:** # of Participants: \_\_\_\_\_ # of Males: \_\_\_\_\_ # of Females: \_\_\_\_\_

**Clinic #4:** # of Participants: \_\_\_\_\_ # of Males: \_\_\_\_\_ # of Females: \_\_\_\_\_

4) How much USGA funding are you requesting (in \$125 increments)? \$ \_\_\_\_\_

5) Describe the composition and background of participants whose \$125 program fee will be paid for by the funds raised by your organization and the USGA Grant (age, socio-economic background, race, golf skill).

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6) How do you plan to recruit these proposed participants for your program?

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**7) Youngsters participating at NO COST:**

How many of the total number of participants will have their \$125 program fee paid for by the funds raised by your organization and this USGA Grant? (*Please separate numbers by each clinic if you are requesting USGA assistance for more than 1 clinic*).

**Clinic 1:** # \_\_\_\_\_ **Clinic 2:** # \_\_\_\_\_ **Clinic 3:** # \_\_\_\_\_ **Clinic 4:** # \_\_\_\_\_

**8) Youngsters paying the registration fee:** (if any)

How many of the total number of participants will pay the \$125 program fee or a portion of the fee by their own means? (*Please separate numbers by each clinic if you are requesting USGA assistance for more than 1 clinic*).

**Clinic 1:** # \_\_\_\_\_ **Clinic 2:** # \_\_\_\_\_ **Clinic 3:** # \_\_\_\_\_ **Clinic 4:** # \_\_\_\_\_

9) How many dollars have been raised by your organization, which are to be matched by a USGA Grant (up to \$1,250 per clinic)? \$\_\_\_\_\_

10) List the names, addresses, phone numbers and amount contributed of those matching this challenge grant. Please use additional paper if necessary.

Name	Address	Phone Number	\$ Contribution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11) After the one-week program, please describe the opportunities for continued play available to the participants?

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

I/we agree that if the USGA Foundation makes the requested grant, it will be used only for the purpose outlined above. Any funds not spent in the 2012 program as agreed will be returned to the USGA. I/we agree to provide to the USGA, no later than two weeks after the end of the program, **a detailed report including names and demographics of recipients of the grant and a financial and narrative report on the entire program.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

Return completed application and supporting documentation to:

Andy Parker  
Hook A Kid On Golf  
2050 Vista Parkway  
West Palm Beach, FL 33411  
Phone (800) 729-2057  
Fax (561) 712-9887  
aparker@nays.org