

2018 - 2019

JUNIOR SCHOLARSHIP APPLICATION

INNERCITYTENNIS

Complete and return to: Laura Meyer, Junior Coordinator at juniors@innercitytennis.org

ALL APPLICATIONS WILL BE REVIEWED WEEKLY | SCHOLARSHIP DECISIONS WILL BE COMMUNICATED VIA EMAIL

SCHOLARSHIP REQUESTED: 25% 50% 75% Other _____ CLASS REQUESTED: _____

APPLICATION & SCHOLARSHIP REQUIREMENTS

✧ Documentation - This application and at least one of the following is needed; please make sure to block your SSN

- A copy of your 3 most recent pay stubs
- A copy of your previous year's federal tax returns
- If you do not have any income and did not file income taxes, attach a note to explain

✧ Supplemental Questions (on back)

- Please have the player explain why the scholarship is important
- Please write a paragraph on the back of the form describing your family's need for support

SCHOLARSHIP REQUIREMENTS

✧ Service Hours

- Players and/or parents must complete 3 service hours during ICT's 2018-19 Super Saturdays program
- Players and/or parents will attend ICT events whenever possible and will be an advocate of ICT, displaying exemplary behavior both on and off the court that is consistent with ICT's core values

PLAYER / HOUSEHOLD INFO New to ICT

Player _____ Birth Date (Required) _____ Gender _____

Ethnicity: Asian/Pacific Islander Black/African American Hispanic/Latino/Spanish White/Caucasian
 Native American/Alaskan Native Other _____ Prefer not to answer

Free/Reduced School Lunch: Yes No (Please include verification)

Parent/Guardian 1 _____ Phone _____ Cell

Occupation _____ Place of Employment _____

Parent/Guardian 2 _____ Phone _____ Cell

Occupation _____ Place of Employment _____

Household Address _____ City _____ Zip _____

Household Email _____

PARENT / GUARDIAN SECTION

Total Children in Household _____ Total Adults in Household _____

Total Adjusted Gross Income (line 32 of tax return) \$ _____

_____ I certify that the above information is truthful and accurate. Incomplete, false or misleading information will result in cancelling the application and/or any awarded financial assistance.

_____ I understand my player must complete 3 service hours during ICT's Super Saturdays program (10U players exempt)

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY:

Scholarship Approved _____% Scholarship Denied More Info Needed DATE _____ STAFF _____

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SUPPLEMENTAL QUESTIONS

APPLICANT QUESTION

Why is this scholarship important to you?

PARENT/GUARDIAN QUESTION

Please describe your family's need for support

SCHOLARSHIP TERMS

- Financial assistance will be granted based on demonstrated need and on a first come, first served basis
- Scholarship recipients must adhere to the USTA Code of Conduct and ICT policies, or may lose their scholarship eligibility
- Duration of scholarship is September 1, 2018 - August 30, 2019
- We reserve the right to revoke the scholarship at any time

STAFF NOTES:
