

2017 - 2018 JUNIOR SCHOLARSHIP APPLICATION

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

Date _____

CLASS REQUESTED: _____ SCHOLARSHIP REQUESTED: 25% 50% 75% Other _____
SESSION(S) REQUESTED: EARLY FALL LATE FALL WINTER EARLY SPRING LATE SPRING

PLAYER / HOUSEHOLD INFO New to ICT

Player _____ Birth Date (Required) _____ Gender _____

Ethnicity: American Indian Asian Black, African-American Caucasian Latino Other _____

Parent/Guardian 1 _____ Phone _____ Cell

Parent/Guardian 2 _____ Phone _____ Cell

Address _____ City _____ State _____ Zip _____

Household Email _____ Free / Reduced School Lunch Yes No

APPLICANT QUESTIONS

1. Why is this scholarship important to you? _____

2. Would you be willing to volunteer 1 hr/wk per session (i.e. 7 hrs for a 7 wk session)? Yes No
If your child is 10 or younger, it is the guardian's responsibility to volunteer with your child.

PARENT / GUARDIAN QUESTIONS

- Total Adjusted Gross Income (Line 32 of tax return) \$ _____
- Please write a paragraph on the back of this form describing your family's need for support.

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.

Parent/Guradian Signature _____ Date _____

OFFICE USE ONLY:

Scholarship Approved _____% Scholarship Denied More Info Needed DATE _____ GRANTED \$ _____