

KRAMER FUTURE CHAMPIONS GRANT APPLICATION

DEADLINE APRIL 1 AND OCTOBER 1

Please refer to the SCTAF Guidelines when completing this application.

Date: _____

Applicant Information

Name: _____

USTA #: _____

2016 Final SCTA Ranking _____ Age Division: _____

2017 Current SCTA Ranking _____ Age Division: _____

2017 Current National Ranking _____ Age Division: _____

Number of USTA sanctioned tournaments played in the past 12 months: _____

Parent/Guardian's Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Business Phone: _____ Home Phone: _____

Purpose for Funding Request:

Tournament Entry Fee: _____ Travel: _____ Equipment: _____

Other: _____ (describe) Total Anticipated Expenses: _____

Grant Amount Requested: _____

Annual Household Income: _____

Funding Sources

USTA Section: _____
Local Financial Support: _____
Personal Funds: _____
Sponsorships: _____

Personal Statement

On a separate sheet of paper, please answer the following in 500 words or less:

1. Tell us why you are applying for this Grant and the purpose of the requested funding.
2. Summarize your tennis background, playing experience and recent tournament results.
3. Tell us about your tennis goals (please be specific).
4. How will you achieve your goals?
5. Describe a significant achievement that has made an impact on your education goals and aspirations.
6. Describe any tennis related volunteer service.
7. State why you believe you are deserving of a Kramer Future Champions Grant.

I certify that the information provided in this application is true and correct to the best of my knowledge and belief and understand that I have a continuing obligation to advise the Committee if there is a change in circumstances.

Applicant Signature: _____

Parent/Guardian Signature: _____

Please send application to:

***Southern California Tennis Association Foundation
Attention: Grant Review Committee
Los Angeles Tennis Center
P.O. Box 240015
Los Angeles, California 90024-9115***