

TALBERT SUMMER CAMP GRANT APPLICATION

DEADLINE MAY 15

Please refer to the SCTAF Guidelines when completing this application

Date: _____

Name: _____

USTA#: _____

Date of Birth: _____

Gender: _____

Age at Time of Camp: _____

School Attended (Name and Address): _____

GPA in 2014-2015 Academic Year: _____

Current 2016 GPA: _____

Youth Tennis Program Participation (check all that apply):

_____ Tennis in PE class

_____ Tennis After School Program

_____ NJTL

_____ Junior Team Tennis

_____ Junior Novice Tournaments (Level 7)

_____ Junior Competition Tournaments (Level 6-1)

_____ High School Team

_____ Tennis Academy

_____ Other _____

Tournament Experience (please describe): _____

Current Ranking:

2015 Final SCTA Ranking _____ Age Division: _____

2016 Current SCTA Ranking _____ Age Division: _____

2016 Current National Ranking _____ Age Division: _____

Camp You Are Interested in Attending: _____

Parent/Guardian's Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Business Phone: _____ **Home Phone:** _____

Grant Amount Requested: _____

Annual Household Income: _____

Personal Statement:

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

1. Please tell us why you are applying for this Grant.
2. Please summarize your tennis background, playing experience and recent tournament results, if applicable.
3. Tell us about your tennis goals (please be specific).
4. Tell us how attending summer tennis camp will help you achieve your goals.

5. Please describe a significant achievement that has made an impact on your education goals and aspirations.
6. Describe any tennis related volunteer service.
7. Please tell us why you believe that you are deserving of a Henry Talbert Summer Camp Grant.

I certify that the information provided in this application is true and correct to the best of my knowledge and belief and understand and agree 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**