



THE JACK L. HILL MEMORIAL SCHOLARSHIP APPLICATION

Thank you for your interest in the Jack L. Hill Memorial Scholarship.

Please fill out the Application completely. Incomplete Applications will be returned.

If you have additional questions, contact the SAZ Scholarship Committee at sazscholarship@gmail.com.

Applicant First Name _____

Applicant Last Name _____

Applicant Address _____ **City** _____

Zip Code _____

Applicant Date of Birth _____

Applicant USTA Membership Number

Parent/Guardian First Name _____

Parent/Guardian Last Name _____

Parent/Guardian E-mail Address _____

Parent/Guardian Phone Number _____

How long has Applicant been playing tennis? _____

**What tennis activities does Applicant participate in?
List all activities in the past year**

Dollar amount of Scholarship request_____

Does Applicant receive funds for tennis from any other source? Yes ___ No ___ (Check one) If yes, specify funding source(s)

Applicant, please explain, in your own words, why you feel you should be awarded a Scholarship

Facility Applicant plays or trains at egularly_____

Current Coach/Instructor (if applicable)_____

Coach/Instructor E-mail Address_____

Please put Parent/Guardian name here. This will be considered a valid electronic signature.

Please email to sazscholarship@gmail.com