



THE RANDY KARLYE MEMORIAL SCHOLARSHIP APPLICATION

Thank you for your interest in the Randy Karlye Memorial Scholarship.

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

Two (2) hours of volunteer time is required if a Scholarship is awarded. This will be monitored by your Tennis Facility.

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 ___

If yes, specify funding source(s)_____

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

What is the name/date/location of the USTA tournament you plan to participate in_____

Facility Applicant plays or trains at regularly_____

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