

WMTA Grant Application

Organization/Name of Applicant: _____

Contact Person: _____

Address: _____

phone: _____ E-Mail: _____

Amount Requested: _____ USTA Member #: _____

On a separate page please include the following information:

- 1. Describe the purpose of the grant**
- 2. If you run a program include a proposed budget including how the grant will be used as well as a detailed plan on staffing, facilities, and promotional efforts.**
- 3. If you are requesting a grant for an individual, include a letter of recommendation in addition to a description of the intended focus of the grant.**
- 4. List any WMTA District program(s) you have completed in the last twelve months.**

Are you an organizational member of the USTA for the current year? __Yes __No

If no, please go to USTA.com to register to the USTA to become a USTA Organizational member or call 1-800-990-8782.

I understand that a condition of the District Grant Program is the filing of a **final grant report within three weeks of the completion of the event.** (Submit to District Office).

The grant committee will meet each year on the following dates: March 15th and September 15th.

Return completed applications to:

Western Michigan Tennis Association (WMTA)
7571 Lime Hollow Drive SE. - Grand Rapids, MI 49546
P: 616-272-4340
F: 616 272-4016
E: wmitennis@comcast.net