



**2009 USTA Serves – Foundation for Academics. Character. Excellence.
Player Incentive Award Application**

(Please print clearly)

Name of Applicant _____ Social Security Number _____

Address _____
Street City/State/Zip Code

Email: _____ Telephone (____) _____ DOB: _____ Citizenship: _____

Family Income: _____

EDUCATIONAL BACKGROUND

School Name _____ Grade _____

Address _____
Street City/State/Zip Code

Guidance Counselor _____ Telephone (____) _____

Cumulative grade point average _____

List Record of USTA-NJTTL-USTA Tennis Program Participation

<u>Year</u>	<u>Skill Level</u>	<u>Site</u>	<u>Coach</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Varsity/Junior Varsity Experience, Tournament and/or Interscholastic competition

List extracurricular & community service activities in which you have participated

List Special Awards you have received

How would you use the Player Incentive Award?

Have you ever received any other USTA Serves, USTA National or Section support in the form of a scholarship?

Yes ____ No ____

If yes, when did you receive the award(s)? _____

Award(s) Name _____

Name of Tennis Program /Facility _____

Program Director: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I declare that the information reported on this application form to the best of my knowledge and belief, is true, correct and complete.

Applicant's Signature _____ Date _____

Parent's or Guardian's Name (printed) _____

Parent's or Guardian's Signature _____ Date _____

For USTA Section Use Only

Name of Section _____

Name of Student: _____

Approve _____ Disapprove _____ Rank _____

Does Applicant reside in an urban or suburban community? _____

Comments _____

Completed by _____ Date _____

Tennis Coach's Recommendation

Name of Student: _____

The above student is applying for an Incentive Player Award. This scholarship is a one time, nonrenewable grant of \$500. Your candid evaluation of the applicant will be of assistance to the Award Selection committee. Please complete the following, and if possible, attach a letter on behalf of the applicant. **This form should be signed, sealed with your signature over the envelope seal, and mailed or returned to the applicant.** The applicant must return this form to their USTA Section office no later than February 9, 2009.

The applicant's coach must complete this section.

Name of person completing this form: _____ Date: _____

Position/title/Email Address:

Name of program/facility _____

Name of Program Director: _____

Address _____
Street City/State/Zip

How long and in what capacity have you known the applicant?

Please rate your recommendation of the candidate for a USTA Tennis & Education Foundation Incentive Player Award by checking one of the following:

_____ I strongly recommend _____ I recommend _____ I do not recommend

Date _____ Signed _____

Thank you for your cooperation and effort in completing this evaluation form. Please return this form directly to the applicant. The applicant must return this form to their USTA Section office no later than February 9, 2009.