${\it 2005} \\ {\it USTA Tennis \& Education Foundation Player Incentive Award Application} \\$

(Please type or print) Name of Applicant			Social Security Number		
Address					
Street			City/State/Zip Coo		
Email:	Telephone ()	DOB:	Citizenship:	
Family Income:					
	EDUCATION	AL BACK	GROUND		
School Name			G	rade	
Address					
Address Street			City/State/Zip Coo	le	
Guidance Counselor			_ Telephone(_)	
Cumulative grade point a	average				
	eord of USTA-NJTL-		is Program Part	icipation	
List Rec			is Program Parti <u>Site</u>	icipation <u>Coach</u>	
List Rec	ord of USTA-NJTL-		S	-	
List Rec	ord of USTA-NJTL-		S	-	
List Rec	ord of USTA-NJTL-		S	-	
List Rec	ord of USTA-NJTL-		S	-	
List Rec	ord of USTA-NJTL-		S	-	
List Rec	Skill Level	USA Tenn	Site	Coach	
List Rec	ord of USTA-NJTL-	USA Tenn	Site	Coach	
Year	Skill Level	USA Tenn	Site	Coach	

List extracurricular & comr	nunity service activities in	n which you have participated
List S	pecial Awards you have r	eceived
How would	l you use the Player Incen	tive Award?
Have you ever received any other Section support in the form of a so If yes, when did you receive the av	cholarship?	
Award(s) Name Name of Tennis Program /Facility		
Program Director:		
Address:		
City:	State:	Zip Code:
I declare that the information reported true, correct and complete.	l on this application form to	the best of my knowledge and belief, is
Applicant's Signature		Date
Parent's or Guardian's Name (pri		

For USTA Section Use Only

Name of Section			
Name of Student:		_	
Approve	Disapprove	Rank	
Does Applicant reside in an	urban or suburban communit	y?	
Comments			
Completed by		Date	

Please note: The applicant and the USTA Section are respectively responsible for completing all of the information required. Failure to do so may result in the disqualification of the application.

Tennis Coach's Endorsement

Name of Student:		
The above student is applying for an Incentive Play \$500. Your candid evaluation of the applicant will all of the endorsements or attach a letter on behalf signature over the envelope seal, and mailed or their USTA Section office no later than February 4	l be of assistance to the Award Se of the applicant. This form shou returned to the applicant. The	election committee. Please completed be signed, sealed with your
The applicant's	coach must complete this sectio	n.
Name of person completing this form:		Date:
Position/title/Email Address:		
Name of program/facility		
Name of Program Director:		
AddressStreet How long and in what capacity have you k		y/State/Zip
Please rate your recommendation of the ca Incentive Player Award by checking one of		& Education Foundation
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 4, 2005.