2007 USTA TENNIS & EDUCATION FOUNDATION SCHOLARSHIPS

Please check scholarships for which you are applying. You may apply for each of them; however, you will not be awarded more than one scholarship. Also, please review the requirements of each to be certain that you qualify.

You must complete all SIX sections of the application to be considered for any of the scholarships.

☐ **Marian Wood Baird Scholarship**

☐ **Dwight F. Davis Memorial Scholarship**

☐ **USTA College Educational Scholarship**

☐ **USTA College Textbook Award**

☐ **Dwight Mosley Scholarship Award**

☐ **Eve Kraft Education & College Scholarship**

☐ **MassMutual Scholarship Award**

Name _____ **Social Security Number**_____
(Please type or print clearly)

Address _____
Street **City/State/Zip Code**

Email: _____@_____._____ **Telephone (_____)**_____**DOB: ___/___/___**

US Citizen:	**Sex:**	**Race/Ethnicity**: (Optional)		
☐ Yes	☐ Male	☐African American	☐Caucasian	☐Asian/Pacific Islander
☐ No	☐ Female	☐Native American	☐Latino	☐Other _____

I. ESSAY

On a separate page(s), please explain how your participation in a tennis program has impacted your life. **AND** tell us about yourself, for example: favorite books, special mentors, volunteer service, etc. Please type your essay.

II. EDUCATIONAL BACKGROUND

High School Name _____ Grade _____

Address_____
Street City/State/Zip Code

Guidance Counselor _____ Telephone (_____)_____

Graduation Date _____ Cumulative grade point average _____

College Entrance Test Scores: **S**cholastic **A**ptitude **T**est _____ **A**merican **C**ollege **T**est _____

List any scholarships, honors, awards received while in high school: _____

_____

Identify extracurricular activities in which you have participated: _____

_____

List any varsity or sports club sports in which you have participated: _____

_____

III. COLLEGE/UNIVERSITY INFORMATION

Which college/university do you plan to attend?

_____

Name of College/University City/ State

2-year program ____ 4-year program ____ Estimated tuition per academic year $_____

What academic major will you pursue? _____

IV. SCHOLARSHIP INFORMATION

Have you ever received any other USTA Tennis & Education Foundation or USTA or Section support in the form of a scholarship? Yes ____ No____ If yes, what year did you receive the award? _____
Award Name _____
Have you applied for any other college and/or tennis scholarships?

_____

V. TENNIS PARTICIPATION

☐ **NJTL** ☐ **High School** ☐ **Private Club** **Number of Years: _____ Skill Level: _____**

State or USTA Sectional Ranking: _____
(required for The Dwight Mosley Memorial Scholarship)

Special Awards: _____

Program/School Name_____

Director/Coach Name _____Phone: _____

Address_____
Street City/State/Zip Code

IV. INCOME

Parents Adjusted Gross Income: _____

Number of people in household: _____

Number in college in 2007-2008: _____

Parents Marital Status: ☐ Married ☐ Divorced/Separated ☐ Single Parent

Authorization/Signature

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

Applicant's Signature_____ Date _____

Parent's/Guardian's Name_____

Signed_____ Date _____

THIS PAGE IS FOR OFFICE USE ONLY

USTA Section _____ Contact Name _____

Contact Phone _____ Contact Email _____

☐ Approve____ Rank_____ ☐ Disapprove_____

Does Applicant reside in an urban or suburban community? _____

Comments_____

_____

_____

Suggested Scholarship_____

Signature _____ Date _____

FOR MASSMUTUAL USE ONLY

Agent _____

Location _____

Phone _____ Fax _____

Tennis Coach's/ Program Director's Recommendation

The applicant's coach must complete this section.

Name of Student: _____

The above student is applying for one or all of the USTA Tennis & Education Foundation Scholarships. The primary focus of the USTA T&EF Scholarships is to help participants in USTA youth tennis programs and independent tennis programs receive college assistance and/or purchase college textbooks and materials. Your honest evaluation of the applicant will be of assistance to the Scholarship Selection committee. Please complete the following or 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 in an envelope postmarked no later than February 3, 2007.

Name of person completing this form: _____Date: _____

Position/title/Email Address: _____

Name of program/facility_____

Address _____
Street City/State/Zip

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

_____

The following factors are estimates of the candidate's potential for success. Please rate the candidate's ability in each area in which you have personal knowledge. (A # 1 rating represents the most favorable; a # 5 represents the least favorable).

	1	**2**	**3**	**4**	**5**	
Articulate	☐	☐	☐	☐	☐	Inarticulate
Self-starter	☐	☐	☐	☐	☐	Requires constant pushing
Exercises Good Judgment	☐	☐	☐	☐	☐	Exercises poor judgment
Dependable	☐	☐	☐	☐	☐	Unreliable
Strives for excellence	☐	☐	☐	☐	☐	Will settle for less than the best
Leader	☐	☐	☐	☐	☐	Follower

On a separate piece of paper, please indicate any strengths and weaknesses you think the candidate possesses and any other comments you may have.

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 in an envelope postmarked no later than February 3, 2007.

Faculty Recommendation

Name of Student: _____

The above student is applying for one of the USTA Tennis & Education Foundation Scholarships. Your candid evaluation of the applicant will be of great assistance to the Scholarship Selection committee. Please complete this endorsement or 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 offices in an envelope postmarked no later than February 3, 2007.

An individual familiar with the applicant's performance should complete this section.

Name of person completing this form: _____Date: _____

Position/title/Email Address: _____

Name of program/facility_____

Address _____
Street City/State/Zip

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

_____

The following factors are estimates of the candidate's potential for success. Please rate the candidate's ability in each area in which you have personal knowledge. (A # 1 rating represents the most favorable; a # 5 represents the least favorable).

	1	**2**	**3**	**4**	**5**	
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Self-starter	☐	☐	☐	☐	☐	Requires constant pushing
Exercises Good Judgment	☐	☐	☐	☐	☐	Exercises poor judgment
Dependable	☐	☐	☐	☐	☐	Unreliable
Strives for excellence	☐	☐	☐	☐	☐	Will settle for less than the best
Leader	☐	☐	☐	☐	☐	Follower

On a separate piece of paper, please indicate any strengths and weaknesses you think the candidate possesses and any other comments you may have.

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 in an envelope postmarked no later than February 3, 2007.

Recommendation of Applicant's Choice

Name of Student_____

The above student is applying for a USTA Tennis & Education Foundation Scholarship. Your candid evaluation of the applicant will be of assistance to the Scholarship Selection committee. Please this endorsement or 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 in an envelope postmarked no later than February 3, 2007.

An individual of the applicant's choice should complete this section.

Name of person completing this form: _____Date: _____

Position/title/Email Address: _____

Name of program/facility_____

Address _____
Street City/State/Zip

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

_____

The following factors are estimates of the candidate's potential for success. Please rate the candidate's ability in each area in which you have personal knowledge. (A # 1 rating represents the most favorable; a # 5 represents the least favorable).

	1	**2**	**3**	**4**	**5**	
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Dependable	☐	☐	☐	☐	☐	Unreliable
Strives for excellence	☐	☐	☐	☐	☐	Will settle for less than the best
Leader	☐	☐	☐	☐	☐	Follower

On a separate piece of paper, please indicate any strengths and weaknesses you think the candidate possesses and any other comments you may have.

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 in an envelope postmarked no later than February 3, 2007.