



Adult Scholarship Request

APPLICATION INFORMATION:

DATE _____

Name _____ USTA # _____ Exp: _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail address _____

Workshop(s) in which applicant is attending: _____

PURPOSE FOR FUNDING REQUEST (MUST RELATE TO PURPOSE OF USTA TENNIS PROGRAM(S) WORKSHOP(S))

Program Tuition: \$ _____ Travel Expenses: \$ _____

Others _____

JUSTIFICATION FOR NEED: *(Include details of expected expenses. Use reverse side or attach separate sheet, if necessary)*

FUNDING SOURCES:

USTA District: \$ _____ Personal funds: \$ _____

Other funds _____

TOTAL EXPECTED EXPENSES: \$ _____

SCHOLARSHIP AMOUNT REQUESTED: \$ _____

APPLICANT SIGNATURE: _____

I understand that I must give 2 hours of volunteer service to my local USTA District per \$50 received. All activities must be approved by scholarship committee.

If applicant has received a prior scholarship, have service hours been completed? _____

USTA District President Signature: _____

Title _____ Date _____

SEND REQUEST TO: Southwest Tennis Foundation
c/o Adult Scholarship Request
7010 E. Acoma Drive, Suite 201
Scottsdale, Arizona, 85254