



**THE SOUTHWEST TENNIS FOUNDATION, INC.  
COLLEGE SCHOLARSHIP REQUEST**

**APPLICATION INFORMATION:**

Date : \_\_\_\_\_ Name \_\_\_\_\_

USTA # \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Coach Name \_\_\_\_\_

**PURPOSE FOR FUNDING REQUEST:**

Program Tuition \_\_\_\_\_ Travel \_\_\_\_\_

Expense \_\_\_\_\_

Other \_\_\_\_\_

**JUSTIFICATION FOR NEED:** *(Include details of expected expense. Attach separate sheet, if needed)*

\_\_\_\_\_  
\_\_\_\_\_

**FUNDING SOURCES:**

USTA District Association \_\_\_\_\_ Date \_\_\_\_\_

Local financial support \_\_\_\_\_ Date \_\_\_\_\_

Personal funds \_\_\_\_\_

Other funds \_\_\_\_\_ Date \_\_\_\_\_

**TOTAL EXPECTED EXPENSES:** \_\_\_\_\_

**SCHOLARSHIP AMOUNT REQUESTED:**

\_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_

*I understand I must give 2 hrs of volunteer service to my local USTA District Assoc per \$50 received.*

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

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

**USTA DISTRICT PRESIDENT SIGNATURE:**

\_\_\_\_\_

*(Call 480-289-2351 if you do not know the name of your USTA District Association contact)*

**SEND REQUEST TO: Southwest Tennis Foundation  
c/o 'COLLEGE SCHOLARSHIP'  
7010 E. Acoma Drive, Ste 201  
Scottsdale, AZ 85254**