2017 Kahiau Play Tennis Scholarship Program

PURPOSE

To provide financial assistance to enable participation in youth tennis programs and events.

This scholarship is limited to \$150 per year per child and must be used for tennis registration/program fees or tennis equipment. The selection will be based solely on financial need.

Acceptable programs include:

USTA-Hawaii Pacific Section (HPS) Play to Learn Lesson Program Jr Team Tennis (JTT) League USTA-HPS Sanctioned tournament 10 & Under Tennis Play Day or Tennis Festival USTA-HPS sponsored event

ELIGIBILITY							
To qualify, applicants must	t:						

	Be a current Hawaii Pacific Section resident. Be age 18 or younger. Demonstrate financial need.
REQU	IRED DOCUMENTS
	A completed scholarship application form signed by a parent or guardian. A proof of financial need. Acceptable documents include: W-2 Form Federal Tax Return

APPLICATION PROCESS

- 1. Complete the Play Tennis Scholarship Application Form, which must be signed by a parent/guardian.
- 2. Mail the form and ALL required documents to:

USTA Hawaii Pacific Section office

Attention: Mimi Kennell 1888 Kalakaua Avenue #C309 Honolulu, HI 96815

3. Deadline - All applications must be received by **April 3, 2017.**

IMPORTANT: Please read all directions and print clearly. Failure to follow these directions may prevent an application from being reviewed by the Scholarship Committee. The Scholarship recipients will be notified via email.

RECIPIENT'S RESPONSIBILITY

All sch	olarship r	ecipients	are
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	Required to attend and complete the programs/events for which the scholarship is awarded. Failure to meet
	this requirement will result in the loss of scholarship.
	Required to submit the receipt of the registration/program fee or the tennis equipment purchased.
	Required to submit one-page summary of how the scholarship money benefitted the recipient.
一	Expected to, if asked, participate in volunteer activities to help promote tennis.

For more information on Kahiau Tennis Foundation, visit their website at http://www.kahiautennis.usta.com/. For additional information on the Kahiau Youth Tennis Scholarship program, contact Mimi Kennell at kennell@hawaii.usta.com/. For additional information on the Kahiau Youth Tennis Scholarship program, contact Mimi Kennell at kennell@hawaii.usta.com/. For additional information on the Kahiau Youth Tennis Scholarship program, contact Mimi Kennell at kennell@hawaii.usta.com/. For additional information on the Kahiau Youth Tennis Scholarship program, contact Mimi Kennell at kennell@hawaii.usta.com/. For additional information on the Kahiau Youth Tennis Scholarship program, contact Mimi Kennell at kennell@hawaii.usta.com/. For additional information on the Kahiau Youth Tennis Scholarship program, contact Mimi Kennell at https://www.kahiautennis.usta.com/. For additional information on the Kahiau Youth Tennis Scholarship program, contact Mimi Kennell at https://www.kahiautennis.usta.com/. For additional information of the first o

2017 Kahiau Play Tennis Scholarship Program Application Form

CONFIDENTIAL (To be completed by parents if under 18)

Please type in the form fields and then print and sign your completed application. Note that all personal financial information provided is used solely by the scholarship review team and kept strictly confidential.

Applicant Name:						
Age:	e: Birth Date:		Gender: Male Female			
Street Address:						
City:			State:	Zip:		
Phone:		Email:				
Father's Name:		Mother's Name:				
Present Employer:		Present Employer:				
Occupation:		Occupation:				
Phone:	Phone:					
Total Household Income (Adjust	ted Gross Income from line	32 of most recent t	ax return):			
Total Number of Persons in Hou	sehold:					
Program/event requesting scholarship for: USTA Play to Learn Lesson Program How many Sessions? Total cost: \$ Location: USTA Jr Team Tennis (JTT) League How many Sessions? Total cost: \$ Team: Junior Tournaments/Play days/Festivals Total number of events entering: Total Cost: \$ Total Co						
Supporting Documents Included:						
W-2 Form or Federal Tax Return						
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	Pri	nt Name		Date		
Parent's/Guardian's Signature	Prir	nt Name		Date		