



West Hawaii District Tennis Association (WHDTA) National Youth Tennis Grant

PURPOSE

To provide financial assistance for West Hawaii Residents to enable participation in National youth tennis programs and events.

GRANT (Based on available funds in the WHDTA Budget)

Grant amount is UP TO \$500 in MATCHING FUNDS and must be used for expense to national tennis events. National Individual Tennis Tournament events will be limited to a maximum of 1 (one) grant a year.

ELIGIBILITY

To qualify, applicants must:

- ☐ Be a current West Hawaii Resident (Both Player Applicant and Parent/Guardian)
- ☐ Be age 18 or younger (at the time of event)
- ☐ Have not received more than \$1000 this calendar year from WHDTA
- ☐ Demonstrate motivation and responsibility

REQUIRED DOCUMENTS

- ☐ A completed Grant application form signed by the Player Applicant AND Parent/Guardian
- ☐ Supporting Travel and/or Entry Fee Expense Receipts/Documents
- ☐ Optional - a recommendation letter from the tennis coach is highly suggested

APPLICATION PROCESS

1. Complete the Youth Tennis Grant Application Form, which must be signed
2. Mail the application form and ALL required documents to:

West Hawaii District Tennis Association

P. O. Box 5624

Kailua Kona, HI 96745

Or

WestHawaiiTennis@GMail.com

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

RECIPIENT'S RESPONSIBILITY

All scholarship recipients are

- ☐ Required to submit the receipt of the registration/program fee or travel expense for the national tennis event
- ☐ Required to submit summary of the experience learned from the attended program/event
- ☐ Provide a minimum of 16 hours volunteer work to help promote tennis in West Hawaii, please contact WHDTA for qualified events to be conducted by the player or their representative



West Hawaii District Tennis Association National Youth Tennis Grant Form

CONFIDENTIAL

Applicant's Name: _____ **Gender:** _____ **Date of Birth:** _____
First Middle Initial Last

School Attending: _____ **Grade:** _____

Address: _____
Street/PO Box Apt. # City Zip Code

Father's (Guardian's) Name: _____ **Phone #:** _____

E-mail Address: _____

Mother's (Guardian's) Name: _____ **Phone #:** _____

E-mail Address: _____

Have you received a scholarships/grants/stipends from Kahiau - A Tennis Foundation and/or USTA Hawaii Pacific Section this year
____ No. ____ Yes. Please list. _____

Are you currently applying for other scholarships/grants/stipends from Kahiau - A Tennis Foundation and/or USTA Hawaii Pacific Section?
____ No. ____ Yes. Please list. _____

National Program/Event requesting grant for:

Event Name: _____ **Estimated cost:** \$ _____

Additional Program/Event Information:

Supporting Documents Included:

- ☐ Supporting Travel and/or Entry Fee Expense Receipts/Documents ☐ Summary of the experience learned from the event
☐ Recommendation Letter from Coach ☐ 16 Hours of Volunteer Work Documentation

Authorization/Signature

I declare that the information reported on this form, to the best of my knowledge and belief, is true, correct and complete. I understand the selection committee reserves the right to select recipients and amounts granted there to based on financial need, past volunteering history and available funds in the WHDTA Budget. The WHDTA reserves the right to change the eligibility terms of this grant at any time in the future, including but not limited to residency, financial need and volunteering hour requirements.

Player Applicant's Signature _____ **Print Name** _____ **Date** _____

Parent's/Guardian's Signature _____ **Print Name** _____ **Date** _____