



Arkansas Junior Competitive Financial Aid Criteria

1. Family income of less than \$100,000 gross with one dependent, \$25,000 increase in family income for each dependant (excluding spouse) thereafter. The maximum aid for any family per year is \$1,000.00
2. For each grant funded, player must agree to play at least one Arkansas tournament not including the Arkansas Junior Qualifying.
3. Player must show proof of participation in the tournament.
4. Any junior receiving financial aid must volunteer one half day for either the Arkansas Tennis Association or their designee. Player must contact the ATA for volunteer assignments and/or approval.
5. Before a second financial aid grant will be approved, the player must have fulfilled the requirement (b) above by having played one Arkansas tournament, submitted receipts for acceptable expenses from previously played tournaments, and agree to play a second Arkansas tournament other than the Arkansas Junior State Qualifying.
6. Players requesting funds for out-of-state tournaments are expected to also apply for financial aid from the STA foundation. (STA's financial aid is a maximum of \$1,000 which will leverage our dollars to \$2,000 for each family.)
7. All financial aid requests must be accompanied with the first two pages of the family's federal income tax return.
8. All criteria must be completed before additional grant funds are approved.
9. Detailed receipts must be received in the USTA Arkansas office no later than December 15 of the current year.

ARKANSAS TENNIS ASSOCIATION APPLICATION FOR FINANCIAL AID

Junior Competitive

Confidential

Financial aid is available on a limited basis and is solely need-based

Date:

Name:

Date of Birth:

Telephone No:

Email:

Address:

Father's Name:

Occupation:

Present Employer:

Father's Annual Income:

Mother's Name:

Occupation:

Present Employer:

Mother's Annual Income:

Income from other sources:

Total Family Income (please check one):

Attach first two pages of current tax return

_____ Under \$15,000

_____ \$15,000-\$24,999

_____ \$25,000-\$39,999

_____ \$40,000-49,999

_____ \$50,000-\$74,999

_____ \$75,000 and up

Do you own or rent your home?

How many children are in your family (including the applicant)?

Do your children receive assistance from any other source?

If so, please explain:

Signature of Applicant (or parent, if applicant is a minor):

Date:

OFFICE USE ONLY

Date Received

Amount:

Approved:

Declined:

Return this form to:

Arkansas Tennis Association

2024 Arkansas Valley Dr., Suite 302

Little Rock, AR 72212

Attn: Executive Director