

**NEW MEXICO YOUTH TENNIS FOUNDATION  
ADULT SCHOLARSHIP REQUEST**

**APPLICATION INFORMATION:**

DATE \_\_\_\_\_

Name \_\_\_\_\_

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

Social Security # \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Program(s) in which applicant is involved: \_\_\_\_\_  
\_\_\_\_\_

**PURPOSE FOR FUNDING REQUEST (MUST RELATE TO PURPOSE OF NMYTF OR TO JUNIOR TENNIS PROGRAM(S) WITH WHICH APPLICANT IS INVOLVED):**

Program Tuition (if applicable) \_\_\_\_\_ Travel Expense \_\_\_\_\_

Other \_\_\_\_\_

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

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

**FUNDING SOURCES:**

USTA DISTRICT \_\_\_\_\_

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

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 Tennis Team/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 OFFICER SIGNATURE:** \_\_\_\_\_

Title and Date: \_\_\_\_\_

**SEND REQUEST TO:**

New Mexico Youth Tennis Foundation  
2901 Indian School Rd NE, Suite A  
Albuquerque, NM 87106  
505-823-6599 or via e-mail: [nmytf@comcast.net](mailto:nmytf@comcast.net)