

NEW MEXICO YOUTH TENNIS FOUNDATION
JUNIOR SCHOLARSHIP REQUEST

APPLICATION INFORMATION: DATE _____

Name _____

USTA # _____ (not required) E-MAIL: _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Age _____ Date of Birth _____

PURPOSE FOR FUNDING REQUEST (Attendance at a tournament, clinics, program fees, coaching, etc.): _____

Program/Entry Cost _____ Travel Expense _____
Other _____

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

FUNDING SOURCES:

USTA Section/District _____ Local financial support _____
Personal funds _____ Other funds _____

TOTAL EXPECTED EXPENSES: _____
SCHOLARSHIP AMOUNT REQUESTED: _____

I understand that I must give 2 hours of volunteer service to my local Tennis Team/USTA District per \$50 received. Forms will be provided at time of award of funds.

APPLICANT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

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

USTA DISTRICT OFFICER/TENNIS COACH/TEACHER 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