

2009 USTA SERVES SCHOLARSHIP APPLICATION

Please review the requirements of each scholarship (see instructions). You may apply for all you qualify for; however, you will not be awarded more than one scholarship.

Complete only one application.

You must complete all SIX sections of the application to be considered for any of the scholarships.

- | | |
|--|--|
| <input type="checkbox"/> Marian Wood Baird Scholarship | <input type="checkbox"/> Dwight Mosley Scholarship Award |
| <input type="checkbox"/> Dwight F. Davis Memorial Scholarship | <input type="checkbox"/> Eve Kraft Education & College Scholarship |
| <input type="checkbox"/> USTA Serves College Education Scholarship | <input type="checkbox"/> USTA Serves College Textbook Award |

Name _____ Social Security Number _____
(Please print clearly)

Address _____
Street City/State/Zip Code

Email: _____@_____ Telephone (____) _____ DOB: ____/____/____

US Citizen:

- Yes
 No

Gender:

- Male
 Female

Race/Ethnicity: (Optional)

- African American Caucasian Asian/Pacific Islander
 Native American Latino Other _____

I. ESSAY

On a separate page(s), please tell us how your participation in a tennis/education program has influenced your life. Include examples of special mentors, volunteer service, and your future goals. Your essay should not focus solely on tennis.

II. EDUCATIONAL BACKGROUND

High School Name _____ Grade _____

Address _____
Street City/State/Zip Code

Guidance Counselor _____ Telephone (____) _____

Graduation Date _____ Cumulative grade point average _____

College Entrance Test Scores: Scholastic Aptitude Test _____ American College Test _____

List any scholarships, honors, awards received while in high school*: _____

Identify extracurricular activities in which you have participated*: _____

List any varsity or sports club sports in which you have participated*: _____

* Attach list or resume, if needed.

III. COLLEGE/UNIVERSITY INFORMATION

Which college/university do you plan to attend?

Name of College/University _____ City/ State _____

2-year program _____ 4-year program _____ Estimated tuition per academic year \$ _____

What academic major will you pursue? _____

IV. SCHOLARSHIP INFORMATION

Have you ever received any other USTA, USTA Serves or Section support in the form of a scholarship?
Yes _____ No _____ If yes, what year did you receive the award? _____

Award Name _____

Have you applied for any other college and/or tennis scholarships?

V. TENNIS PARTICIPATION

USTA Tournaments High School Private Club NJTL Other _____

Number of Years: _____ Skill Level: _____

State or USTA Sectional Ranking: _____
(required for The Dwight Mosley Memorial Scholarship)

Special Awards: _____

Program/School Name _____

Director/Coach Name _____ Phone: _____

Address _____
Street _____ City/State/Zip Code _____

IV. INCOME

Parents' Adjusted Gross Income: _____ Self-employed

Number of people in household: _____

Number in college in 2009-2010: _____

Parents' Marital Status: Married Divorced/Separated Single Parent

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 _____ Date _____

Parent's/Guardian's Signature _____ Date _____

THIS PAGE IS FOR USTA SECTION OFFICE USE ONLY

USTA Section _____ Contact Name _____

Contact Phone _____ Contact Email _____

- Completed Application
- Approve_____ Rank_____
- Disapprove_____

Does Applicant reside in an urban or suburban community? _____

Comments _____

Suggested Scholarship _____

Signature _____ Date _____

Tennis Coach's/ Program Director's Recommendation

The applicant's coach must complete this section.

Name of Student: _____

The above student is applying for one or all of the USTA Serves Scholarships. The primary focus of the USTA Serves Scholarships is to help participants in USTA youth tennis and independent tennis programs receive college assistance and/or purchase college textbooks and materials. Your honest evaluation of the applicant will be of assistance to the Scholarship Selection committee. Please complete the following, and, if possible, attach a letter on behalf of the applicant. **This form should be signed, sealed with your signature over the envelope seal, and mailed or returned to the applicant.** The applicant must return this form to their USTA Section office in an envelope postmarked no later than February 9, 2009.

Name of person completing this form: _____ Date: _____

Position/title/Email Address: _____

Name of program/facility _____

Address _____
Street City/State/Zip

How long and in what capacity have you known the applicant? _____

The following factors are estimates of the candidate's potential for success. Please rate the candidate's ability in each area in which you have personal knowledge. (A # 1 rating represents the most favorable; a # 5 represents the least favorable).

	1	2	3	4	5	
Articulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inarticulate
Self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires constant pushing
Exercises Good Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercises poor judgment
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unreliable
Strives for excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will settle for less than the best
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follower

On a separate piece of paper, please indicate any strengths and weaknesses you think the candidate possesses and any other comments you may have.

Date _____ Signed _____

Thank you for your cooperation and effort in completing this recommendation form. Please return this form directly to the applicant. The applicant must return this form to their USTA Section office in an envelope postmarked no later than February 9, 2009.

Faculty Recommendation

Name of Student: _____

The above student is applying for one of the USTA Serves Scholarships. Your candid evaluation of the applicant will be of great assistance to the Scholarship Selection committee. Please complete the following, and, if possible, attach a letter on behalf of the applicant. **This form should be signed, sealed with your signature over the envelope seal, and mailed or returned to the applicant.** The applicant must return this form to their USTA Section offices in an envelope postmarked no later than February 9, 2009.

An individual familiar with the applicant's performance should complete this section.

Name of person completing this form: _____ Date: _____

Position/title/Email Address: _____

Name of program/facility _____

Address _____

Street

City/State/Zip

How long and in what capacity have you known the applicant? _____

The following factors are estimates of the candidate's potential for success. Please rate the candidate's ability in each area in which you have personal knowledge. (A # 1 rating represents the most favorable; a # 5 represents the least favorable).

	1	2	3	4	5	
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Self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires constant pushing
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Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unreliable
Strives for excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will settle for less than the best
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follower

On a separate piece of paper, please indicate any strengths and weaknesses you think the candidate possesses and any other comments you may have.

Date _____ Signed _____

Thank you for your cooperation and effort in completing this recommendation form. Please return this form directly to the applicant. The applicant must return this form to their USTA Section office in an envelope postmarked no later than February 9, 2009.

Recommendation of Applicant's Choice

Name of Student _____

The above student is applying for a USTA Serves Scholarship. Your candid evaluation of the applicant will be of assistance to the Scholarship Selection committee. Please complete the following, and, if possible, attach a letter on behalf of the applicant. **This form should be signed, sealed with your signature over the envelope seal, and mailed or returned to the applicant.** The applicant must return this form to their USTA Section office in an envelope postmarked no later than February 9, 2009.

An individual of the applicant's choice should complete this section.

Name of person completing this form: _____ Date: _____

Position/title/Email Address: _____

Name of program/facility _____

Address _____
Street City/State/Zip

How long and in what capacity have you known the applicant? _____

The following factors are estimates of the candidate's potential for success. Please rate the candidate's ability in each area in which you have personal knowledge. (A # 1 rating represents the most favorable; a # 5 represents the least favorable).

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Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follower

On a separate piece of paper, please indicate any strengths and weaknesses you think the candidate possesses and any other comments you may have.

Date _____ Signed _____

Thank you for your cooperation and effort in completing this recommendation form. Please return this form directly to the applicant. The applicant must return this form to their USTA Section office in an envelope postmarked no later than February 9, 2009.