Junior Competitive Player Travel Reimbursement Grant Application ~ Grant Period __1__

Application Deadline = 1/15/2018 **If the application is not completed entirely, the application will not be reviewed.**

Name of Applicant_____Date of Birth_____

Address_____City_____State TX Zip _____

Phone_____E-mail Address_____

Guidance Counselor_____Phone_____

Name of Coach / Junior Program _____Address_____

City_____State TX Zip_____Phone_____

E-mail Address_____

Ethnicity: (optional)   African American_____   Asian American_____   Hispanic_____   Native American_____   Other_____

Current USTA Texas Section Rankings

Year	Age Division	Rank

Current USTA National Rankings

Year	Age Division	Rank

USTA National Tournament record: (attach additional sheet if necessary)

Date	Event	Results

Do you have an ITF Ranking? If so what is it?:

_____   _____

_____

AMOUNT REQUEST: _____   Needed by: _____

Proposed Use of Funds Requested (*List tournaments associated with grant usage*):

_____

_____

Date_____

Have You Requested Any Funds, Grants, or Scholarships from Other Sources for the **Proposed Use Requested** or **any other Use?** _____

_____If yes, please state the proposed use and amount requested from each entity listed below and indicate the amount received or approved:

Requested: Received   Sources of Additional Funds (Name of person or organization)
            (approved):

_____   _____   _____

_____   _____   _____

Family Information

Name of Father or Male Guardian: _____

Name of Mother or Female Guardian: _____

Applicant lives with (check any and all that apply):

Father: _____   Mother: _____   Other (explain): _____

Is either Parent disabled? _____   Specify disability:_____

Is father employed?_____   Occupation:_____

Is mother employed?_____   Occupation:_____

Approximate 2017 Annual Family Income: $_____

I certify that the information in this application is true. I understand and agree that, if my child is selected, the TT&EF has the right to use his or her name (***but not any of the financial information being submitted***) in any public announcements, press releases, and/or other fundraising efforts involving publicizing the travel grant program and/or other charitable activities of the Texas Tennis and Education Foundation.

_____   _____
Signature of Parent Preparing Grant Application   Date

FOR PERIOD 1 GRANT CONSIDERATION, PLEASE FURNISH A COPY OF THE PARENTS' 2017 INCOME TAX RETURN OR A MOST RECENT RETURN. THIS INFORMATION WILL BE KEPT IN STRICT CONFIDENCE, USED ONLY TO VERIFY NEED, AND DESTROYED AFTER THE SELECTION PROCESS IS COMPLETED.

List others dependent on your parents' or guardians' support:

Name	Age	School	Grade
1.			
2.			
3.			
4.			

Additional remarks regarding applicant's family situation or financial need:

_____

_____

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