



Junior Competitive Player Travel Reimbursement Grant Application ~ Grant Period 3

Application Deadline = 9/1/2018 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

<u>Year</u>	<u>Age Division</u>	<u>Rank</u>
_____	_____	_____

Current USTA National Rankings

<u>Year</u>	<u>Age Division</u>	<u>Rank</u>
_____	_____	_____

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

<u>Date</u>	<u>Event</u>	<u>Results</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

<u>Requested:</u>	<u>Received</u> <u>(approved):</u>	<u>Sources of Additional Funds (Name of person or organization)</u>
_____	_____	_____
_____	_____	_____

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: _____

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 GRANT CONSIDERATION, PLEASE FURNISH A COPY OF THE PARENTS' 2017 INCOME TAX 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:

<u>Name</u>	<u>Age</u>	<u>School</u>	<u>Grade</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

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

