



## 2012 USTA Serves Player Incentive Award Application

Application due to your local USTA Section office by February 10, 2012

Name of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Please print clearly)

Address \_\_\_\_\_  
Street City/State/Zip Code

Email: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Family Income: \_\_\_\_\_

### EDUCATIONAL BACKGROUND

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State/Zip

Guidance Counselor \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Cumulative grade point average \_\_\_\_\_

### List Record of USTA-NJTTL-USTA Tennis Program Participation

<u>Year</u>	<u>Skill Level</u>	<u>Site</u>	<u>Coach</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List Varsity/Junior Varsity Experience, Tournament and/or Interscholastic competition**

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**List extracurricular & community service activities in which you have participated**

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**List Special Awards you have received**

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**How would you use the Player Incentive Award?**

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**Have you ever received any other USTA Serves, USTA National or Section support in the form of a scholarship?**

Yes \_\_\_\_ No \_\_\_\_

If yes, when did you receive the award(s)? \_\_\_\_\_

Award(s) Name \_\_\_\_\_

Name of Tennis Program /Facility \_\_\_\_\_

Program Director: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

***I declare that the information reported on this application form to the best of my knowledge and belief, is true, correct and complete.***

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's or Guardian's Name (printed) \_\_\_\_\_

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Tennis Coach's Recommendation

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Name of Student: \_\_\_\_\_

The above student is applying for an Incentive Player Award. This scholarship is a one time, nonrenewable grant of \$500. Your candid evaluation of the applicant will be of assistance to the Award 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 no later than February 10, 2012.

*The applicant's coach must complete this section.*

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Position/title/Email Address:

\_\_\_\_\_  
Name of program/facility \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

Address \_\_\_\_\_  
Street City/State/Zip

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

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

Please rate your recommendation of the candidate for a USTA Tennis & Education Foundation Incentive Player Award by checking one of the following:

\_\_\_\_\_ I strongly recommend    \_\_\_\_\_ I recommend    \_\_\_\_\_ I do not recommend

Date \_\_\_\_\_ Signed \_\_\_\_\_

Thank you for your cooperation and effort in completing this evaluation form. Please return this form directly to the applicant. The applicant must return this form to their USTA Section office no later than February 10, 2012.

**For USTA Section Use Only**

Name of Section \_\_\_\_\_

Name of Student: \_\_\_\_\_

Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Rank \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_