2012 USTA SERVES SCHOLARSHIP APPLICATION

Due to your local USTA Section by February 10, 2012

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

☐ **Marian Wood Baird College Scholarship**
☐ **Dwight F. Davis Memorial Scholarship**
☐ **Dwight Mosley College Scholarship**
☐ **Rosalind P. Walter College Scholarship**
☐ **Eve Kraft Education & College Scholarship**
☐ **USTA Serves College Education Scholarship**
☐ **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 and 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 and should be between one and two **typed** pages long.

II. EDUCATIONAL BACKGROUND

High School Name _____ Grade _____

H.S. Address_____
Street City/State/Zip Code

Guidance Counselor _____ Telephone (_____)_____

Counselor Email _____

Graduation Date _____ Cumulative grade point average _____

College Entrance Test Scores: **S**cholastic **A**ptitude **T**est _____ **A**merican **C**ollege **T**est _____

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? _____

** If you are undecided please list all colleges on separate page

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 2012-2013: _____

Parents' Marital Status: ☐ Married ☐ Divorced/Separated ☐ Single Parent

*** If you have not yet submitted your tax return for 2011 please estimate the amount as per your FAFSA report

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 _____

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.

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	☐	☐	☐	☐	☐	Inarticulate
Self-starter	☐	☐	☐	☐	☐	Requires constant pushing
Exercises Good Judgment	☐	☐	☐	☐	☐	Exercises poor judgment
Dependable	☐	☐	☐	☐	☐	Unreliable
Strives for excellence	☐	☐	☐	☐	☐	Will settle for less than the best
Leader	☐	☐	☐	☐	☐	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 in a sealed envelope with your signature over the seal.** The applicant must return this form to their USTA Section office in an envelope postmarked **no later than February 10, 2012.**

Faculty Recommendation

The applicant's teacher must complete this section.

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.

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).

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Self-starter	☐	☐	☐	☐	☐	Requires constant pushing
Exercises Good Judgment	☐	☐	☐	☐	☐	Exercises poor judgment
Dependable	☐	☐	☐	☐	☐	Unreliable
Strives for excellence	☐	☐	☐	☐	☐	Will settle for less than the best
Leader	☐	☐	☐	☐	☐	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 _____

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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.

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).

	1	**2**	**3**	**4**	**5**	
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Strives for excellence	☐	☐	☐	☐	☐	Will settle for less than the best
Leader	☐	☐	☐	☐	☐	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 in a sealed envelope with your signature over the seal.** The applicant must return this form to their USTA Section office in an envelope postmarked **no later than February 10, 2012.**

THIS PAGE IS FOR USTA SECTION OFFICE USE ONLY

Applicant Name _____

USTA Section _____ Section Contact Name _____

Contact Phone _____ Contact Email _____

- ☐ Completed Application
- ☐ Approve____ ☐ Disapprove_____

Section Office Rank_____

Brief evaluation of candidate:

_____

_____

_____

_____

_____

Suggested Scholarship_____

Signature _____ Date _____