**GRANT PURPOSE**

The Individual grant is designed to assist Midwest wheelchair players to expand their opportunity to play wheelchair tennis and increase their skill level with activities occurring in the Midwest. Any funding awarded will be for activities or events in the Midwest. Funded activities/items are:

• Tournament entry fees

• Tournament travel expenses

• Clinic or camp expenses

One of the ways the USTA/Midwest Section continues to increase wheelchair tennis participation is through awarding grants to organizations and/or individuals that promote and develop the growth of wheelchair tennis and use the sport of tennis to build stronger, healthier communities.

**GRANT ELIGIBILITY**

Wheelchair tennis players in the Midwest are eligible to apply. Priority will be given to individuals that promote and develop the growth of wheelchair tennis.

All applicants will be required to submit receipts for accountability showing where and how funds were spent.

**APPLICATION DEADLINE**

We have a limited amount of funds to award. To assure that all funds are used to benefit as many programs and individuals as possible, the deadline to submit a request for 2015 funding is May 1, 2015.

**GRANT CONTACT**

For more information or questions about the Wheelchair Tennis Individual Grant, please contact Brandon Smith at (317) 755-8191 or brandon@midwest.usta.com.

*Email completed applications & evaluations or Mail/Fax to:*

USTA/Midwest Section

Wheelchair Grant Application

1310 East 96th Street, Suite 100

Indianapolis, IN 46240

Fax: (317) 577-5131

Email: Kylie York at York@midwest.usta.com

|  |
| --- |
| APPLICANT INFORMATION |

|  |  |
| --- | --- |
| Name  |        |
| Funding event/name:  |        |
| Mailing Address (Street):  |        |
| City, State, Zip: |        |
| Home/Mobile Phone: |        |
| Email:  |        |
| USTA Number |        |
| Make Check Payable to:  |        |

**INDIVIDUAL FUNDING GOALS AND REQUEST:**

If you have played for longer than one year, in which activities, programs and tournaments did you participate in 2014?

Describe the specific activities for which you are seeking funding:

If funding is awarded, how will you recognize and show appreciation to the USTA/ Midwest Section and help promote wheelchair tennis in your area?

What do you hope to achieve by obtaining this funding including your long term tennis goals?

What barriers prevent you from achieving your goals?

|  |
| --- |
| **BUDGET FORM** |

# FINANCE AND BUDGET:

Please list your complete budget for this event/activity.

Total expense for the activity/event: $

Amount requested from USTA/Midwest: $

1. List other funding sources (community and other):

1. How will you strive to be financially supported in the future?

*\*Signature of person responsible for providing a summary of your program and report within* ***4 weeks*** *after completion including any news articles, photos and written feedback.*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

##### For USTA Section Use Only -

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date Received: |   |   |   | Approve |   | Disapprove |
| District: |   |

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

Authorized USTA Section Signature Date