

MISSISSIPPI TENNIS ASSOCIATION
JUNIOR PLAYER DEVELOPMENT GRANT APPLICATION
CONFIDENTIAL

Player Information

Name: _____ Email: _____
Date of Birth: _____ Telephone: _____
Address: _____
Street City State Zip

Family Information

Father's Name: _____
Occupation: _____
Employer: _____
Mother's Name: _____
Occupation: _____
Employer: _____

Annual Family Income (please check one)
Under \$15,000 _____ \$25,000-\$40,000 _____ \$50,000-\$75,000 _____
\$15,000-\$25,000 _____ \$40,000-\$50,000 _____ \$75,000-\$99,000 _____
More than \$99,000 _____

Please attach a copy of your most recent federal tax return.

Do you own or rent your home? Own _____ Rent _____
Number of children in family including applicant _____
Number children in college _____

What are your goals for your future in tennis? How serious are you about achieving these goals?
(Please attach separate sheet if necessary) _____

Tournaments played in 2009 (attach separate sheet if necessary):

Proposed tournament schedule for 2010. This should include those events in which you will represent Mississippi if chosen (i.e. Southern Closed, Southern Junior Cup, etc.). Attach a separate sheet if necessary):

Please explain your justification for financial aid and the expenses for which you will be using the aid: (attach separate sheet if necessary)

What do you estimate the minimum financial assistance needed to accomplish your goals for the coming year? _____

How much do you anticipate receiving from another source? _____

Tennis coach's Name, Address, Phone and Email:

Please have your tennis coach or other certified professional provide a summary of your tennis ability and potential. (Please attach his/her summary to this application.)

Remember: Please attach a copy of your most recent federal tax return.

Parent's Signature: _____ Date: _____

GRANT COMMITTEE ONLY – DO NOT WRITE IN THIS SPACE

Date received: _____ Financial Aid Approved: _____ Amount: _____

Financial Aid Declined: _____

Return this form to:

Mississippi Tennis Association

Attn: Kent Shultz

P. O. Box 5388

Jackson, MS 39296

Fax: 601-981-4421

Email: KentS@mstennis.com