

Junior Scholarship Program Application

Greater Madison Tennis Association
Attn: GMTA Junior Grant Program
PO Box 1215
Madison WI 53701-1215

As part of the overall mission of the GMTA, the Association seeks to support junior tennis players who might otherwise be unable to pursue tennis programming suitable for their level of play. This support is made available strictly on a need-base only. Players of high school age or younger in need of such support should complete the following preliminary application. All grant decisions are subject to approval by the Board of the GMTA or a committee so appointed. This program is designed to provide support for specific junior tennis activity, and not for broader uses such as school tuition.

Name _____ Sex _____ Date of Birth _____

Address _____ State ____ Zip _____

Home Phone _____

Name of Parent or Guardian _____ Phone _____

What Program or Activity are you seeking support for?

Describe Nature of Need (Note all information supplied is confidential and will be used only in the processing of this application.)

(Continue on reverse, if necessary)

Briefly outline your previous tennis background, including programs or teams that you've experienced:

Tennis reference. Please provide name and position of one or more persons who have provided you with tennis instruction or coaching:

I declare the aforementioned statements, to the best of my knowledge and belief, are true and correct. Additional information, including direct discussion with parent or guardian, may be required prior to grant decision.

Signed _____ Date _____