

# 2023 Scholarship Application

Junior Assistance Program

Please return completed application to Liz Bothwell at <a href="liz@salinatennis.org">liz@salinatennis.org</a> or mail to: Salina Tennis Alliance 410 N. 5<sup>th</sup> St. Salina, KS 67401

### Section I- Guidelines, Requirements, and Responsibilities

### Overview

Salina Tennis Alliance is a 501(c)3 non-profit organization supporting tennis in Salina. Our junior scholarship assistance program is a need-based program that is funded by generous donations from the local community. The purpose of this program is to provide financial assistance to motivated junior players who are interested in tennis.

Through tennis, players can learn important life skills such as teamwork, social skills, sportsmanship, coordination, strategic thinking, problem solving, and self-confidence. Salina Tennis Alliance is dedicated to using tennis to help grow these qualities in junior players who require financial support, show talent for the sport, have the desire to improve, and show good sportsmanship and a positive attitude.

### **Funding Guidelines and Requirements**

- Candidates must be under the age of 18 and Kansas residents
- In order to be considered, applicants must display good sportsmanship, teamwork, and a positive attitude
- All scholarship applications will be confidential
- Scholarships are valid for one season (Spring/Summer or Summer/Fall) and must be reapplied for each subsequent season
- Decisions on scholarship awards are based on (in prioritized order)
  - 1. Financial need
  - 2. Applicant's desire to improve on the court
  - 3. Applicant's talent on the court

Parent/guardian	initial:	
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### Scholarship Recipients' Responsibilities

The Salina Tennis Alliance's junior scholarship assistance program is based on a working relationship between STA and recipients. Award recipients must display good sportsmanship, teamwork, and a positive attitude at all times while on and off the court.

Award recipients may be asked to volunteer at the Salina Tennis Center on a limited basis. Examples may include volunteering as a tennis teacher for younger participants, helping younger students in the scholarship program, or assisting during tournaments. Our hope is that each award recipient will take ownership of their award and take pride in giving back to the community in a meaningful way.

Parent/guardian	initial:	
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\*\*\*Awards are based on financial need and do not exceed \$500 for the calendar year. Please complete the entire application. Incomplete applications may not be considered for review.

# **Section II- General Information**

Date://	<del></del>				
Player Information:					
Name:					
D.O.B.:	M/F <u>: M</u>	<u>F</u>			
Phone:		Altern	ate Phone:		
Address:		City: _		_ State:	Zip:
School:			Grade: _		
Applicant email:					
Parent/Guardian Informa Parent/guardian email:  Mother's name:  Mother's occupation:  Father's name:					
-ather's occupation:					
	the scholarship	program?			
low did you hear about t					
How did you hear about the Friend	Teacher		Website		Advertisement

FOR INTERNAL USE ONLY						
Date received:		Circle one:	In person	Email	Mail	
Review date:						
Notification sent:						
Lesson scheduled:						

# **Section III- Applicant Questionnaire**

Please complete all questions on the following page as indicated below:

- Under 12- Parent answers below questions
- 12 and over- Child applicant answers below questions

1. Do you have any experience with the sport of tennis? If so, what is your experience level?
2. What are your top three favorite sports? Why are they your favorites?
3. Why do you want to play tennis?
4. What are your goals with the sport of tennis?

5. Who is an important role model in your li	fe? Why are t	hey a good role	e model?	
6. Who is your favorite tennis player or other	er famous ath	lete? Why are t	they your favo	orite?
7. We offer different kinds of junior prograr lessons at a 25% discount. Please rate each				=
ressorts at a 23% discount. I rease rate each	Low	Medium	High	Very High
Equipment Needs Tennis racquet				
Racquet stringing				
Instructional Needs				
Reduced rate private lessons				
Junior clinics				
_				
Group lessons				
Additional Needs				

8. **Optional:** Please attach a short letter of recommendation from a teacher or coach.

## **Section IV- Household Information**

Please complete all questions below:

- This section should be completed by a parent or guardian
- All information is confidential
- This information is used to help prioritize the allocation of funds for junior assistance
- 1. Annual gross household income (please circle one):

Under \$25,000		\$25,001-\$35,000		\$35,0	001- \$45,000	
\$45,001- \$55,000		\$55,001- \$75,000		Ov	Over \$75,000	
2. Total number of children/de	pendents in I	nousehold:				
3. Do you own or rent your ho	me?	Rent	Own			
4. Do you own a second prope	rty (vacation	or rental)?	Yes	No		
5. Does the applicant attend p	ublic or privat	te school? _	Public	Р	rivate	
5a. If private, does the applicate 5b. Does the applicant qualify					s No No	
6. Does the applicant receive f	inancial assist	tance from	any other sour	ce? Yes	No	
6a. If yes, please explain:						
7. Do you have dependents, ur may give further understandin		•		_	mstances that	
8. If only limited financial assis child still be able to participate		ailable, at w	hat minimum	discount lev	el would your	
10% discount	25% discou	nt 50%	6 discount	75% discoเ	ınt	
Parent signature:						