

# 2010 USTA SERVES SCHOLARSHIP APPLICATION

Due to your local USTA Section by February 5, 2010

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.**

- |  |  |
|--|--|
| <input type="checkbox"/> Marian Wood Baird Scholarship             | <input type="checkbox"/> Dwight Mosley Scholarship Award           |
| <input type="checkbox"/> Dwight F. Davis Memorial Scholarship      | <input type="checkbox"/> Eve Kraft Education & College Scholarship |
| <input type="checkbox"/> USTA Serves College Education Scholarship | <input type="checkbox"/> 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 (\_\_\_\_) \_\_\_\_\_

Graduation Date \_\_\_\_\_ Cumulative grade point average \_\_\_\_\_

College Entrance Test Scores: Scholastic Aptitude Test \_\_\_\_\_ American College Test \_\_\_\_\_

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 2010-2011: \_\_\_\_\_

Parents' Marital Status:

Married

Divorced/Separated

Single Parent

\*\*\* If you have not yet submitted your tax return for 2009 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. **This form should be signed, sealed with your signature over the envelope seal, and mailed or returned to the applicant.** The applicant must return this form to their USTA Section office in an envelope postmarked no later than February 5, 2010.

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inarticulate
Self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires constant pushing
Exercises Good Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercises poor judgment
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unreliable
Strives for excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will settle for less than the best
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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. The applicant must return this form to their USTA Section office in an envelope postmarked no later than February 5, 2010.**

## Faculty Recommendation

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*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. **This form should be signed, sealed with your signature over the envelope seal, and mailed or returned to the applicant.** The applicant must return this form to their USTA Section offices in an envelope postmarked no later than February 5, 2010.

*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? \_\_\_\_\_

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Strives for excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will settle for less than the best
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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. The applicant must return this form to their USTA Section office in an envelope postmarked no later than February 5, 2010.**

## Recommendation of Applicant's Choice

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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. **This form should be signed, sealed with your signature over the envelope seal, and mailed or returned to the applicant.** The applicant must return this form to their USTA Section office in an envelope postmarked no later than February 5, 2010.

*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? \_\_\_\_\_

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Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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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**THIS PAGE IS FOR USTA SECTION OFFICE USE ONLY**

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USTA Section \_\_\_\_\_ Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

- Completed Application
- Approve\_\_\_\_\_ Rank\_\_\_\_\_
- Disapprove\_\_\_\_\_

Does Applicant reside in an urban or suburban community? \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggested Scholarship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_