**CRITERIA FOR ATA SCHOLARSHIPS**

* **Must have played 4 years of tennis in a Big Country Area High School. (Through Spring season Senior Year).**
* **Must display good sportsmanship on and off the court.**
* **Demonstrates involvement in the community.**
* **Must have good citizenship in the classroom.**
* **Must be a team player (supportive of teammates).**
* **Demonstrates excellence in both academics and athletic achievements.**
* **Must have participated in an ATA Junior Tennis Programming (JTT-Leagues; Junior Tournaments or USPTA Team)**

**APPLICATION FORM**

**FOR THE**

**ABILENE TENNIS ASSOCIATION SCHOLARSHIP**

Scholarship Recipients must fill out the attached application. Applications will not be accepted unless completed in full and submitted by **April 1, 2024**. This form must be signed by the applicant and parent/guardian.

The following items must be attached to the scholarship form:

1. A completed application

2. Academic Transcript

3. Copy of SAT or ACT test results

4. Personal Statement

5. Letter of Recommendation

6. List of extracurricular activities, including tennis activities

|  |  |  |
| --- | --- | --- |
| Name | | Phone |
| Address |  | |
| City | | Zip |
|  | | Sex M F |
| Name/Location of High School |  | |
| High School Graduation Date | | Current GPA |
| College Plan to Attend |  | |
| Anticipated College Entry Date |  | |
| FINANCIAL | INFORMATION | |
| Mother’s Name |  | |
| Mother’s Employer |  | |
| Father’s Name |  | |
| Father’s Employer |  | |
| Are you eligible for a Pell Grant | Yes No | |
| Have You applied for a Pell Grant | Yes No | |

**FAMILY BACKGROUND**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Names and ages of Brothers/Sisters |  | | | | | |
| Name | | | Ages | | | |
|  | | |  | | | |
|  | | |  | | | |
|  | | |  | | | |
|  | | |  | | | |
| Are any of your brothers/sisters attending college now? | | | Yes No | | | |
| If yes, give name(s) of institution(s) and anticipated date(s) of graduation? | | | |  | | |
| Other Special Family Conditions | |  | | | | |
| **OTHER SCHOLARSHIPS** | |  | | | | |
| Have you applied for other scholarships? | | Yes No | | | | |
| If yes, have you been notified of selection for another scholarship(s)  Yes No | | | | |  | |
| If yes, what is the amount of the scholarship(s)? | | | | |  | |
| **APPLICANT’S ACADEMIC BACKGROUND** | | | | |  | |
| Please provide the following information:  1. Academic transcript through high school, including copy of SAT and/or ACT Tests  2. Extracurricular accomplishments/activities, including tennis activities. | | | | | |  |

REFERENCES

|  |  |
| --- | --- |
| Please submit a letter of recommendation from either of the following:  1. Teacher  2. Principal  3. Counselor  4. Employer |  |
| **SUBMISSION OF APPLCATION** |  |
| Application should be submitted to:  ABILENE TENNIS ASSOCIATION  P.O. BOX 3624  ABILENE, TEXAS 79604  **\*\*\*\*APPLICATION DEADLINE IS April 1, 2024\*\*\*\*** |  |

**ACKNOWLEDGEMENT**

Applicant and parent/guardian should read and sign the following:

I understand that the selection of scholarship recipients will be handled by the

Scholarship Committee of Abilene Tennis Association.

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Applicant Date

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

Parent/Guardian Date