**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 ASSOCIATIONP.O. BOX 3624ABILENE, 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