

THE BARRY SYSLER SCHOLARSHIP APPLICATION

Name of Applicant: _____ Age: _____

Which programs/location(s) is applicant applying scholarship to? Check all that apply.

Pee Wees Learn Practice & Play at (list location[s])

Little Aces Learn Practice & Play at (list location[s])

Juniors Learn Practice & Play at (list location[s])

Teens/Adults Learn Practice & Play at (list location[s])

BCTA Jr. Team Tennis training at (list location[s])

Other (list program and location[s])

Has the applicant participated in BCTA programs in the past? _____ If yes, which ones and which seasons/years?

Parent/Guardian Information

Parent/Guardian Name: _____

Phone: (H) _____ (C) _____

Address:

Street Address City State Zip

Email: _____

Total Annual Income: _____ Occupation: _____

Place of Employment: _____

List first and last name of child(ren) participating in BCTA programs:

Number in your household: Children: _____ Adults: _____ Total: _____

How many are claimed as "dependents" for federal income tax purposes? _____

Are there any other circumstances to be considered? (For example, recent employment termination, adult dependents, etc.)?

I certify that all the above information and financial documents (if requested) are truthful and accurate. Incomplete, false or misleading information will result in cancelling the application and/or any awarded financial assistance.

Signature: _____ Printed name: _____

Relationship to applicant: _____ Date: _____

