

CAROL WHITE TENNIS PROGRAM SCHOLARSHIP

SELECTION PROCESS

A confidential review of the application and possible personal talk with the applicant/guardian will determine financial assistance eligibility. The BCTA reserves the right to refuse assistance to any applicant. Once financial assistance is established, the BCTA reserves the right to retain any payments the applicant has made to date. Prior to each new season, the BCTA will review eligibility. Seasonal interviews with the recipient may be conducted and a coach evaluation/recommendation will confirm the athlete/family involvement based on: behavior—on or off court—is consistent with BCTA values; sportsmanship/demeanor is consistent with BCTA standards overall compatibility with the coach/other athletes; candidate’s ability to contribute; fulfillment of agreed upon requests; etc.

If it is discovered that false information was presented and/or the recipient does not represent BCTA values or has not completed the requests, the BCTA has the right to terminate assistance immediately.

Name of Applicant: _____ Age: _____

List which programs/location(s) you are applying to:

- Pee Wee Learn Practice and Play at (list location[s])

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

- Junior Learn Practice and Play at (list location[s])

- Teen/Adult Learn Practice and Play at (list location[s])

- 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 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: _____