



2011-2012 RSFTC After School Junior Program Scholarship Application

Player Name: _____ Birth Date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Player Email: _____

High School Team: _____ V ___ JV ___ Middle School _____

Positions played last season - Singles: _____ Doubles: _____

Applicant signature: _____ Date: _____

Player Applicant: Please answer the following questions.

1) Why is this scholarship important to you?

2) How long and why do you play tennis?

3) Describe your current tennis goals.

4) Do you play other sports?

Parents of Applicant: Since this scholarship is need based, please write a short paragraph on the back of this form describing your family's need for financial support.

Parent's Name _____ Parent's Phone _____

Parent's Email _____

Parent Signature _____ Date _____

AMOUNT OF SCHOLARSHIP REQUEST: 25% 50% 75% (Please Circle)

SESSION: A B D E (Please Circle)

Deadline: 9-8-11 10-24-11 12-16-11 3-23-12

Return application by deadline for consideration for each session to:

Mike Vidmar, General Manager
Reed-Sweatt Family Tennis Center
4005 Nicollet Ave S, Minneapolis, MN 55409