

# INNERCITYTENNIS

## 2019 InnerCity Tennis Foundation Scholarship Application

Valid for programming beginning September 1, 2019 - August 31, 2020

To assure that all youth have access and opportunity to participate in our programs, InnerCity Tennis is pleased to provide scholarships to those in need of financial assistance. We are committed to following a process that is transparent, fair, and confidential, so please provide complete and accurate information below. If you need assistance or have any questions, please let us know. Thank you.

### APPLICATION REQUIREMENTS

- ✧ For income verification purposes, please provide ALL of the following documents if applicable; please make sure to block your SSN
  - 2018 Previous year's federal tax return (must be signed on page 2)
  - 2018 W-2 Wage and Tax Statement from all employers
  - Last 3 pay stubs
  - Unemployment, Disability or SSI Benefits Planning Query Letter (if applicable)
  - If you do not have any income and did not file income taxes, attach a note to explain
- ✧ Supplemental Questions
  - Please have the player explain why the scholarship is important
  - Please write a paragraph describing your family's need for support

### SCHOLARSHIP REQUIREMENTS

- ✧ Service Hours
  - Players or parents of players under 10 years old must complete 3 service hours during ICT's 2019-20 Super Saturday program

### SCHOLARSHIP TERMS

- Financial assistance will be granted based on demonstrated need and on a first come, first served basis
- Scholarship recipients must adhere to the USTA Code of Conduct and ICT policies, or may lose their scholarship eligibility
- Duration of scholarship is September 1, 2019 - August 30, 2020
- We reserve the right to revoke the scholarship at any time

**Only COMPLETE applications will be accepted.** ICT reserves the right to request any additional documentation to help determine eligibility. Financial assistance varies for each program. Awards are not retroactive.

Complete and return to: [juniors@innercitytennis.org](mailto:juniors@innercitytennis.org)

or mail to: InnerCity Tennis | 4005 Nicollet Ave S | Minneapolis, MN 55409

**ALL APPLICATIONS WILL BE REVIEWED TWICE A MONTH | SCHOLARSHIP DECISIONS WILL BE COMMUNICATED VIA EMAIL**

\*If you have any questions, please email [juniors@innercitytennis.org](mailto:juniors@innercitytennis.org)

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### HOUSEHOLD INFORMATION

New to ICT

Parent/Guardian 1 \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_  Unemployed

Parent/Guardian 2 \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_  Unemployed

Household Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Household Email \_\_\_\_\_

### ANNUAL INCOME - Gross annual income including all members of household

Salary/Earnings \$ \_\_\_\_\_

Alimony and Child Support \$ \_\_\_\_\_

Worker's Compensation/Unemployment/Disability \$ \_\_\_\_\_

Interest, Dividends, Rental, Annuities, Insurance \$ \_\_\_\_\_

Social Security and/or Pension \$ \_\_\_\_\_

Other (please specify) \$ \_\_\_\_\_

Total Adjusted Gross Income (line 32 of tax return) \$ \_\_\_\_\_

Total Children in Household \_\_\_\_\_ Total Adults in Household \_\_\_\_\_

How many claimed as "dependents" for federal income purposes? \_\_\_\_\_

Does your family qualify for Free/Reduced School Lunch:  Yes  No

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

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\_\_\_\_\_ I certify that the above information is truthful and accurate. Incomplete, false or misleading information will result in cancelling the application and/or any awarded financial assistance.

\_\_\_\_\_ I understand my player must complete 3 service hours during ICT's 2019-20 Super Saturday program (10U players exempt)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### PLAYER INFORMATION

(Please fill out one form per player)

Player Name _____ <input type="checkbox"/> New to ICT	Race/Ethnicity:
Birth Date (Required) _____ Gender _____	<input type="checkbox"/> Asian/Pacific Islander
School _____	<input type="checkbox"/> Black/African American
CITIES ACADEMY CLASS REQUEST:	<input type="checkbox"/> Hispanic/Latino/Spanish
AGE: _____ DAY(S): _____ TIME(S): _____	<input type="checkbox"/> White/Caucasian
SCHOLARSHIP REQUEST: <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> Other _____	<input type="checkbox"/> Native American/Alaskan Native
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Prefer not to answer

### SUPPLEMENTAL QUESTIONS

#### APPLICANT QUESTION

Why is this scholarship important to you?

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STAFF NOTES:
OFFICE USE ONLY:
<input type="checkbox"/> Scholarship Approved _____% <input type="checkbox"/> Scholarship Denied <input type="checkbox"/> More Info Needed
DATE _____ STAFF _____