

INNERCITYTENNIS

2019 InnerCity Tennis Foundation Scholarship Application

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

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.)

_____ 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 _____

Complete and return to: 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

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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?

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