

Hillsborough County Tennis Association Junior Development Fund Scholarship Application

Applicant Information

Junior Player's Name _____ Age _____ Birth(Mo/Day/Yr) _____
Application Submitted by _____ Relationship to Player _____
Years Playing Tennis _____ Hrs a week _____ Club / Facility /Location _____
Address _____ City _____ State _____
Zip Code _____ Email _____ @ _____
Home Phone _____ Work _____ Cell _____

HCTA Information

HCTA Member? Yes _____ No _____ USTA Member Yes _____ No _____
School Attends _____ Hillsborough County Resident? Yes _____ No _____
Have you or a family member received a developmental fund from HCTA before? Yes _____ No _____
If Yes, Date _____ Player _____
Where did you learn about scholarship? HCTA Board Member _____ Tournament _____
Other, explain _____

Developmental Fund Application

Please submit request prior to the start of the program. Considerations will be given to the timeliness of the application. Enclose program brochure or
descript of the program including the cost. Please send receipts or invoices once they are available. Payment will be made to the program or to the
director / coach of the program.

Date Request _____ Amount Request \$ _____ Check Payable to : _____
Send check to (address) _____ City _____ State _____ Zip Code _____
Tournament, expenses or program for which scholarship is requested : _____

Reason scholarship should be granted (Indicate involvement in tennis programs, educational scholastic programs and ranking information, if applicable) :



Application Page 2

Applicant Name _____

How did you start playing tennis _____

What does the player enjoy about tennis _____

Who has positively influenced you the most in tennis _____

What goal have you set for the upcoming year _____

Volunteer Activities

Date _____ Activity _____

Date _____ Activity _____

Last Tournaments

Tournament _____ result _____ Date _____

Tournament _____ result _____ Date _____

Recommendations

Relationship to Applicant (Coach, Teacher, Mentor) _____ Signature _____ Date _____

Relationship to Applicant _____ Signature _____ Date _____

I hereby apply with the best of my knowledge that the information provided is correct and accurate

Signature of Applicant _____ Print Applicant Name _____

Parent Signature _____ Print Parent Name _____

Please Return completed application:

HCTA DEVELOPMENT FUND
20926 Lake Talia Blvd.
Land O Lakes, FL 34638
813 - 431 - 4408

