

This application is available online at: <http://www.austintennis.org/junior-programs/scholarships/>

**CAPITAL AREA TENNIS ASSOCIATION**

**JUNIOR SCHOLARSHIPS**

**Deadline: March 31, 2019**

**INSTRUCTIONS**

Scholarship recipients are recognized at the annual **Junior Banquet on Sunday, May 5th**. Plan to attend. Online application preferred. Your application is evaluated based on submission of the following material. Incomplete applications will not be considered.

1. Official academic transcript, including SAT or ACT scores.
2. A personal statement about why CATA should consider you for this scholarship. Please address the following:
  - a. Community Service
  - b. Extracurricular Activities
  - c. Tennis Involvement
  - d. CATA Activity
3. One letter of recommendation from a coach, teacher, principal, or counselor.
4. Include a recent photo (jpeg, hard copy, or any image file) to include in the Powerpoint presentation.

**APPLICATION FORM**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female      Name and City of High School \_\_\_\_\_

High School Graduation Date \_\_\_\_\_ Current Grade Point Average \_\_\_\_\_

Please list other scholarships that have been awarded to you for the school year 2017/2018.

\_\_\_\_\_

College You Plan to Attend \_\_\_\_\_ City State \_\_\_\_\_

Entry Date \_\_\_\_\_

**FAMILY INFORMATION**

Mother's Name \_\_\_\_\_

Mother's Address (if different from above) \_\_\_\_\_

Mother's Home Telephone \_\_\_\_\_ Mother's Work Telephone \_\_\_\_\_

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Mother's Employer \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address (if different from above) \_\_\_\_\_

Father's Home Telephone \_\_\_\_\_ Father's Work Telephone \_\_\_\_\_

Father's Employer \_\_\_\_\_

Names and Ages of Brothers and Sisters:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Are any of your brothers or sisters currently enrolled in college? \_\_Yes \_\_No

If Yes, give name(s) of institutions(s) and anticipated graduation date(s).

\_\_\_\_\_  
\_\_\_\_\_

List other special family conditions (use another sheet of paper, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **SUBMISSION OF APPLICATION**

Online application preferred. Application receipt deadline is **March 31, 2019**. Late entries will **not** be considered. **Online:** <http://www.austintennis.org/junior-programs/scholarships/>.

You may scan and submit to [Scholarships@austintennis.org](mailto:Scholarships@austintennis.org) or mail via USPS to:

Attn: Scholarship Application  
Capital Area Tennis Association  
5511 Parkcrest Dr., Suite 104  
Austin, Texas 78731

**ACKNOWLEDGEMENT:** Applicant and Parent/Guardian should read and sign the following:

I understand that the selection of scholarship recipients is based on the criteria evaluated by the Awards Committee of the Capital Area Tennis Association.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date