

## Application: Victor Stern Scholarship Grant

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Please note that applications are accepted only on-line.  
This document is informational only and is not meant to be a manual application.

Thank you for your interest in the Southern California Tennis Association Foundation. We strive to make the grant application process clear and simple. **Please complete this application on-line by clicking this link:** [SCTA Foundation Grants](#)

Manual applications will only be accepted with permission from our grants manager, Linda Milan at [lmilan@sctafoundation.org](mailto:lmilan@sctafoundation.org).

Before completing this application, please read our scholarship guidelines, which you can find on our website: [www.sctafoundation.org/guidelines](http://www.sctafoundation.org/guidelines).

**Application deadline:** Submit between May 1 and June 15.

**Notification:** July 15

**1. Players Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

GPA (most recent completed year): \_\_\_\_\_

**2. Tennis Goals and Aspirations** Check all that apply.

Recreationally: \_\_\_\_\_ Club/Organized Settings: \_\_\_\_\_ Competitions: \_\_\_\_\_

Junior High School: \_\_\_\_\_ High School: \_\_\_\_\_ NJTL: \_\_\_\_\_

Tournaments: \_\_\_\_\_ College: \_\_\_\_\_ Professional \_\_\_\_\_

Other: \_\_\_\_\_

**3. Tournament Experience**

USTA #:

2020 Current SCTA Ranking: \_\_\_\_\_ Age Division: \_\_\_\_\_

2020 Current National Ranking: \_\_\_\_\_ Age Division: \_\_\_\_\_

Number of USTA sanctioned tournaments played in the past 12 months: \_\_\_\_\_

**4. Parent/Guardian's Name:**

Address:

City, State, Zip:

Email address:

Home phone:

Mobile phone:

Work phone:

**Annual Household Income:** (Please include photo of front page of tax form showing income)

**Total Anticipated Expenses:**

**Scholarship Amount Requested:**

**6. Purposed use of Funds:** (Type "Yes" to all that apply)

Entry fees for events/tournaments:

Travel Expenses:

Equipment:

Summer Camp:

Other (describe):

**7. Additional Funding Sources:** (List amounts)

USTA Section:

Local Financial Support:

Personal Funds:

Sponsorships:

**8. Parent/Guardian: Any Comments You'd Like to Add?**

**9. Player Questions**

Please answer the following questions *briefly* but thoughtfully:

1. State why you believe you are deserving of this scholarship.
2. Summarize your tennis background and why you love the game?
3. Summarize your tournament results and how you feel about where you are in the standings?
4. Tell us your three top tennis goals? Briefly describe how you plan to achieve each.
5. Tell us about any tennis related work or volunteer service you've done.

## 10. Agreement

I certify that the information provided in this application is true and correct to the best of my knowledge and belief and understand that I have a continuing obligation to advise the Committee if there is a change in circumstances.

I also certify that you agree to provide a report detailing your experience, including details of how the scholarship was spent. This report will be due within 4 months of receiving the grant.

**Note:** By typing your signature below, you agree that the signature represents a handwritten signature.

**Player Signature:**

**Parent/Guardian Signature:**

For assistance please email:

Linda Milan at

[lmilan@sctafoundation.org](mailto:lmilan@sctafoundation.org)