



SCHOLARSHIP APPLICATION

An application **must** be completed for **each** child in a family requesting a scholarship. Scholarship applications will not be considered unless this form is accompanied by a completed registration form.

Participant Name _____

Parent or Guardian Name _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Class Site _____

Participant's Date of Birth _____

Tennis Ability: Level 1 Level 2 Level 3

Has this child played with NJTL before? _____

*How much of the NJTL registration fee are you able to pay? _____

Does your family receive state assistance through: (i) free/reduced school lunches; (ii) Hoosier Healthwise Insurance (Indiana's health care program for low income families, pregnant women, and children); or (iii) Hoosier Works (Indiana's Food Stamps/TANF assistance program)? Yes _____ No _____

If not, do you have extenuating circumstances that prevent you from paying the full registration fee? _____

Signed _____ Date _____

***NOTE:** Please enclose the amount you have indicated that you are able to pay.