



GREATER DES MOINES TENNIS ASSOCIATION SCHOLARSHIP APPLICATION

Name of Applicant (Please print) _____

Address: _____

Email: _____ Phone (____) _____ Birth Date: _____

Name of School: _____ Grade: _____

To be completed by the applicant:

Amount of scholarship award you are requesting (maximum \$500): _____

List any tennis awards you have received: _____

Briefly describe your tennis history: _____

Describe your goals concerning tennis: _____

How do you plan to use the scholarship funds? _____

List any other tennis scholarships or grants you are currently applying for: _____

Have you ever received USTA/MV suspension points? _____

If so, how many and why were the points received? _____

Please provide any other information you consider relevant on the back.

Please request recommendations from two adults who are not family members.

Contact information for your references:

1) Name: _____ Phone (____) _____

Address: _____

2) Name: _____ Phone (____) _____

Address: _____

Your completed recommendations should be mailed to:

GDMTA Scholarship, c/o Holly Terndrup, 3211 Valley Ridge Ct, West Des Moines, IA 50265

GDMTA SCHOLARSHIP RECOMMENDATION FORM

Name of scholarship applicant: _____

The above student is applying for a scholarship from the Greater Des Moines Tennis Association. Your honest evaluation of the applicant will be very helpful to the scholarship committee.

Please provide the following information:

Name of adult completing this form: _____

Position/title: _____

Name of program/facility: _____

Address: _____

How long and in what capacity have you known the applicant? _____

The following factors are estimates of the candidate's potential for success. Please rate the candidate's ability in each area in which you have personal knowledge. (#1 rating represents the most favorable; #5 represents the least favorable).

	1	2	3	4	5	
Articulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inarticulate
Self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires constant pushing
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unreliable
Strives for excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will settle for less than the best
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follower

Use the back of this page to indicate strengths and weaknesses the candidate possesses and state why you think the candidate should be considered for this scholarship.

Signed _____

Date _____

Thank you for your cooperation and effort in completing this evaluation. Please mail directly to:

GDMTA Scholarship
Holly Terndrup
3211 Valley Ridge Court
West Des Moines, IA 50265