



GATES TENNIS CENTER

“Tennis for Kids”

Scholarship Application 2018



3300 E. Bayaud Ave
Denver, CO 80209
303-355-4461
www.gatetenniscenter.info

DATE: _____

Sessions start at the beginning of April, 2018.

Any application received within 14 days of the session start date will be considered at the following review.

ALL SCHOLARSHIPS WILL BE VALID FOR THE ENTIRE YEAR (April 2018-March 2019)

Player Information:

NAME _____ D.O.B. _____ AGE _____ M/F

BEST PHONE _____ PHONE #2 _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT OR GUARDIAN EMAIL _____

APPLICANT EMAIL _____

SCHOOL _____ GRADE _____

MOTHER NAME _____ OCCUPATION _____

FATHER NAME _____ OCCUPATION _____

PLEASE COMPLETE THE ENTIRE APPLICATION FOR REVIEW

FOR INTERNAL USE ONLY					
Date Received		How received? (circle one)	Drop off	E-mail	Mail
Review Date					
Notification Sent					
Private Lesson Scheduled					

Please complete all questions on the following pages as indicated below:

- (Under 12 - Parent please answer the questions below)
- (12 and over - Child applicant answers the questions below)
- Attach an additional sheet of paper if space is needed.

1. Do you have any experience with the sport of tennis? Please explain.

2. What are your top three favorite sports? Please explain.

3. Why do you want to play tennis?

4. What are your goals with the sport of tennis?

5. Who is an important role model in your life? And why?

6. Who is your favorite tennis player or other famous athlete? Why do you like him/her?

7. **What are your needs?** We offer a variety of Junior Programs and Group Lessons. We also offer private lessons with specialized TFK pros at 50% discount. Please rate each of the following based on your level of need.

	Low	Med	High	Very High
<u>Equipment Needs</u>				
Tennis Racquet (a racquet is required to participate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoes (non-marking shoes are required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stringing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Instructional Needs</u>				
Pee Wee Tennis (for players ages 4-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Futures: Junior Strokes Group Lessons (players 8-18, beginners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenger: Tennis Everyday Group Lessons (ages 7-18 intermediate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced Rate Private Lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday Pizza Party Match Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Additional Needs</u>				
Tournament Fees (for Inter - Adv Players)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ball Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Free Mandatory Lesson! Each new scholarship recipient will receive a free one hour lesson with one of our "Tennis for Kids" pros (a **\$55.00-\$75.00 value**). This lesson will serve to introduce the player(s) to one of our pros, evaluate the level at which the child plays and to suggest the appropriate programs for each child. Please schedule your free lesson once you receive your award letter.

9. Where did you hear about our scholarship program?

Website _____

Advertisement _____

Friend _____

Gates _____

Gym Teacher _____

Other _____

10. Can you provide your own transportation to Gates Tennis Center? Yes No

11. **OPTIONAL:** Please attach a short letter of recommendation from a teacher or coach.

Financial / Household Information

- This section should be completed by Parent/Guardian
- All information is confidential.
- This financial information is used to help prioritize the allocation of limited funds for junior assistance.

Annual Gross Household Income (please circle one)	under \$25,000 \$45,001-\$55,000	\$25,001-\$35,000 \$55,001-\$75,000	\$35,001-\$45,000 over \$75,000
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Total # of children/dependents in household _____

Do you own or rent your home? Rent Own

Does your family own a 2nd property (vacation or rental)? Yes No

Does applicant attend public school or private school? _____

If private school, does the applicant receive tuition assistance from the school? _____

Does Applicant receive financial assistance from any other source? Yes No

If yes, please explain

Do you have dependents, unusual medical expenses, or other extenuating circumstances that may further explain or give understanding for your need for financial assistance? Scholarships are partially based on need; please give us enough information to properly assess your needs. (Use additional paper if necessary)

IMPORTANT: If only limited financial assistance was available, at what minimum discount level would your child still be able to participate?

- 10% discount
- 25% discount
- 50% discount
- 75% discount
- 100% discount

Parent Signature: _____

**Please return application to:
Gates Tennis Center, 3300 E. Bayaud Ave., Denver, CO 80209 or
to Maureen maureen@gatestenniscenter.info**

If you have any questions about the program please email Maureen@gatestenniscenter.info