**RHATA Scholarship APPLICATION 2024**

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|  Please **type** your answers.  |
| 1. | Last Name: | First Name, MI: |
| 2. | Mailing AddressStreet: City: State: Zip:  |
| 3. | Parents telephone number: ( ) Your telephone number: ( ) Email address: |
| 4. | Date of birth: Month Day Year  |
| 5. | Cumulative Grade Point Average (GPA):  |
| 6. | Name of High School: How many years did you play tennis in High School? |
| 7. | A. List any academic honors, awards, and membership activities while in High School: B. List your hobbies, outside interests, extracurricular activities:C. List your non-school sponsored volunteer activities in the community:  |
| 8. | A. If you have decided on the college you will attend, please list the school’s name: B. If not, list your top three (3) college choices:  |
| 9.  | Anticipated field of study: |
| 14. | On a separate paper, please write an essay (250 - 500 words) addressing the following:Describe how you developed your love for tennis and how it has impacted your life. |
| 15. | One (1) letter of recommendation from an adult (non-family member; examples are a coach, counselor, pastor, or volunteer organization leader) |

### STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner, my picture may be taken and used to promote the Richmond Hill Area Tennis Association Program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to the RHATA Scholarship policy, I will try to be present on May 13, 2024, at the Senior Scholarship Night to receive my scholarship award.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

**STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR**

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to Richmond Hill Area Tennis Association Scholarship Program.

Name of Guidance Counselor: \_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information (email and phone):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Guidance Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_**

**STATEMENT OF SUPPORT BY TENNIS COACH**

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to Richmond Hill Area Tennis Association Scholarship Program.

Name of High School Tennis Coach: \_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information (email and phone):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Tennis Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_**

Checklist:

\_\_\_ Application with essay

\_\_\_ Guidance Counselor signature

\_\_\_ Tennis Coach signature

\_\_\_ One letter of recommendation

\_\_\_ Acceptance Letter (if applicable)

**EMAIL COMPLETED APPLICATION PACKAGE TO THE**

 **Richmond Hill Area Tennis Association AT:**

**richmondhilltennis@yahoo.com**

**REMINDER:**

**Applications must be received by the Richmond Hill Area Tennis Association no later than**

**April 30, 2024**

**There will be no exceptions!**