

Youth Tennis Scholarship Application

SUBMIT TO: LCCTA			
P.O. Box 07118, Fort Myers, FL 33919			
Phone: 239-565-5300 Website: www.LeeCountyTen	nis.com		
Email: ExecutiveDirector@LCCTAtennis.com			
Check and Circle One:			
Club Rec at	North Ft. Myers/ Wa-Ke Hatchee/ Veterans Center		
Youth Tennis at Center			
Tournaments (list tournament ID# and location)			
Other			
students to attend the Club Rec Programs of Lee County Parks States Tennis Association (USTA), to participate in Youth Tennis			
Student Information: Name	Date of birth		
Name of school	Grade		
Address	City State Zip		
Prior Club Rec participation no yes. If yes	s, dates of participation		
(Recommendation (from Parks and Rec supervisor, LCCT	A staff, teacher, counselor, etc.)		
I recommend the above named student for participation	in Club Rec Youth Tennis JTTOther:		
Signature			
Name Title	Title/Organization		
Parent/Guardian: To the best of my knowledge, all appl	lication information is true and correct. By applying for this		
scholarship, I fully understand that my child is expected t awarded a scholarship.	o and will participate in Club Rec and/or youth tennis, if		
Name of Parents/Guardian			
Daytime Phone Evening Phone	email		
ATTACH:			
One page student essay explaining why he/she should b	pe selected		

--Documentation of financial need. [Submit one of the following: Copy of free/reduced lunch form, copy of food stamps card, proof of governmental assistance, letter explaining current financial situation and why student would not be able to participate in Club Rec, Youth Tennis, or Other without a scholarship.]

FOR LCCTA OFFICE USE ONLY: Date rece	eived:	Received by:	Date
Reviewed	Status	Notification to Parks and F	Rec/Youth
Tennis/JTT/ if other, list			
Notification to Parent Guardian		_ by email / phone / in person	
USTA registration			
Club Rec Registration	Payment to	D LCPR	
Other registration (please list:			
01/13/20			