



Tennis Memphis Financial Assistance Application 2017-2018
(All information will be kept confidential)



Only COMPLETE applications will be accepted. We reserve the right to request any additional documentation to help determine eligibility. Financial assistance varies for each program. Awards are not retroactive. *It is the goal of Tennis Memphis to turn no one away because of inability to pay. Application may be submitted anytime during the year. This application is not to be considered a guarantee of financial assistance.*

For income verification purposes, please provide **ALL** the following documents if applicable:

- Your **2016** federal income tax return (*needs to be signed on page 2*)
- 2016 W-2 Wage and Tax Statement from all employers. (include w-2 forms for all persons the household)
- Last 3 pay stubs
- Government Assistance documentation
- Unemployment, Disability or SSI Benefits documentation
- For foster children only provide a copy of stipend from DCS

Make \$15 application payment.

- \$15 application fee is a non-refundable** fee. Any difference will be applied towards the program's cost based on the family's eligibility. Make check or money orders payable to Tennis Memphis.

Which programs/clinics are you applying to: Junior Development NJTL Tennis Summer Camps
 USTA Junior Team Tennis Tennis & Tutoring (TNT) Other: _____

COMPLETED applications should be dropped off at: Leftwich Tennis Center c/o Bob Mebane
 4145 Southern Avenue Memphis, TN 38117

Parent/Guardian Name: _____ **Cell Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Total Annual Income:** \$ _____

Occupation: _____ **Place of Employment:** _____

Parent/Guardian Name: _____ **Day Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Total Annual Income:** \$ _____

Occupation: _____ **Place of Employment:** _____

List first and last name of child(ren) participating in Tennis Memphis Programs: _____

How many TOTAL children in your household? ____ How many are claimed as "dependents" for federal income tax purposes? _

How many TOTAL adults are in your household? ____

Are there any other circumstances to be considered? (For example, recent employment termination, adult dependents, etc.)

Monthly Income/Expenses Worksheet – Applications will be denied if incomplete.

Applicants may be asked to provide documentation to verify their expenses.

Income: Please indicate MONTHLY amounts

Expenses: Please indicate MONTHLY amounts

\$ _____ 1) Applicants Gross Monthly Income

\$ _____ 1) Rent/Mortgage (Circle One)

\$ _____ 2) Other Adult(s) Gross Monthly Income

\$ _____ 2) Auto Loan

\$ _____ 3) Child Support

\$ _____ 3) Utilities

\$ _____ 4) Social Security or Disability

\$ _____ 4) Phone (Listed in your name)

\$ _____ 5) Welfare (submit copy of card)

\$ _____ 5) Child Support

\$ _____ 6) Food Stamps

\$ _____ 6) Medical

\$ _____ 7) Unemployment

\$ _____ 7) Child Care

\$ _____ 8) Foster Child Stipend

\$ _____ 8) Food

\$ _____ 9) Other (please explain)

\$ _____ 9) Gas

(Example: Trust Fund, savings account, etc.)

\$ _____ 10) Other (please explain)

Total Monthly Income \$ _____

Total Monthly Expenses \$ _____

Total Annual Income \$ _____

Total Annual Expenses \$ _____

Do you presently receive financial assistance for tennis from any other source? (circle) yes no

If yes, please explain. _____

Name three tennis goals for the next three years: _____

Current participant in Tennis Memphis program: (circle) yes no

Current USTA Ranking if applicable: Division: (circle) Boy or Girl Age Group: (circle) 10's 12's 14's 16's 18's

State # _____ Southern # _____ National # _____

Provide Brief Tennis Playing History: _____

List any other tennis programs or academies your child has attended along with dates of attendance:

Current grade school or high school: _____

Current grade point average: _____

Community Involvement/ Volunteer Work : _____

Honors/Achievements: _____

Are you and/or your child willing to volunteer at Tennis Memphis? (circle) yes no

Specific area of interest: _____

** Scholarship players must maintain 85% attendance or higher in the program with no unexcused absences.

I certify that all the above information and financial documents are truthful and accurate. Incomplete, false or misleading information will result in cancelling the application and/or any awarded financial assistance.

Signature: _____ Date: _____

***Questions, contact Arnold Thompson 901-596-0637 or at athompson@tennismemphis.org**

Office Use:
Received by: _____ Date: _____

Checklist (**MUST be COMPLETE**):
Application, Income verification
\$15 non-refundable fee:
Receipt # _____