## MIDDLE STATES JUNIOR PLAYER COMPETITION REIMBURSEMENT GRANT APPLICATION

## CONFIDENTIAL (To be completed by parents if under 18) Junior Competition Reimbursement

Name:		Age:	USTA #:	
Address:	a	=		
City:	State:	Zip Code:		
Home Phone: (	) Date	of Birth:		(MM/DD/YY)
Parent's Name:		Work Pho	ne: ( )	,
E-mail:				
Address:				
City:	State:	Zip Code:		
		Da		
	Jr. Sing	gles Ranking		
	2007 National Rankings:			
	2007 Sectional Ranking:	Age Group:		
	2007 District Ranking:	Age Group:		
	2008 Cur	rent Standings		
	National:	Age Group:		
	Sectional:	Age Group:		
	District:			
USTA MS	S District (circle one) AMD	CPD DD	EPD NJD	PATD
Race /E	thnicity:African-Amer Native American	ricanAsian Caucasian	Latino/H	Iispanic
Have you received No Name of Jr. Compe	financial assistance for tennis Yes (if yes, please explain) tition tournament(s) for which	from any source, other	er than parents i	in 2008?  I (minimum of two
	attached, but it is sufficient to airfare or tal Grant Amount Requ	hotel charges).		ment showing the

Please attach your 2007 tax return without schedules.

Note: This request cannot be processed without receipts and your tax return.

If receipts are not available, include a notarized statement of expenses.

1st period: January 31, 2008 2nd period: April 30, 2008 3rd period: October 31, 2008

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