



# Stevenson Memorial Scholarship Application – One application per student per year

Scholarship Year July 1, 2023 – June 30, 2024

Scholarship award must be used within the year applied for, may not carry over into the next year.

Player's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, OR Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## **Options for scholarships; check as many as applicable**

- Entry fees for UTR tournaments up to 10 tournaments (\$600)
- Entry fees for USTA tournaments up to 10 tournaments (\$900)
- Tennis Gear including racquets, string, shoes up to \$700
- Fees for Group lessons at Ashland Tennis and Fitness up to \$650 (recipient matches 50%)
- Fee for Private lessons at Ashland Tennis and Fitness up to \$800 (recipient matches 50%)
- Court fees and or use of ball machine up to \$250
- Summer tennis camps at Hunter Park through Parks and Recreation Dept up to \$200

Please detail the benefits you anticipate your child will receive from receiving this scholarship:

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## **HOUSEHOLD INFORMATION**

Father / Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother / Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Number in Household: Children \_\_\_\_\_ Adults \_\_\_\_\_

*\*If counting additional adults in the household, you must also include their income in the total household income.*

Does anyone own a home, land or non- resident property?

yes

no

## **Monthly Household Income**

Wages \_\_\_\_\_

Social Security \_\_\_\_\_

Social Security Disability \_\_\_\_\_

Other Disability \_\_\_\_\_

Pensions \_\_\_\_\_

Rental Income \_\_\_\_\_

Unemployment Compensation \_\_\_\_\_

Workers Compensation \_\_\_\_\_

Child Support \_\_\_\_\_

Alimony \_\_\_\_\_

Other \_\_\_\_\_

Mortgage/Rent \_\_\_\_\_

Insurance \_\_\_\_\_

Auto Loan \_\_\_\_\_

Property Taxes (City, Council, School) \_\_\_\_\_

Credit Cards (Combine monthly) \_\_\_\_\_

Electric \_\_\_\_\_

Gas/oil (home heating) \_\_\_\_\_

Water \_\_\_\_\_

Telephone (mobile and or landline) \_\_\_\_\_

ATV/Boat/Trailer \_\_\_\_\_

Other \_\_\_\_\_

**Monthly Medical Expenses (optional)**

Bills \_\_\_\_\_

Perscriptions \_\_\_\_\_

Equipment \_\_\_\_\_

Was the athlete a recipient of the Stevenson Memorial Foundation in the past?

yes

no

Please explain any unusual or extenuating expenses/circumstances, i.e. financial, medical, disability, etc.

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**Based on the applicant's financial need a scholarship may be granted.**

If a scholarship is granted, you will be notified of the amount awarded for the scholarship year. When applicable, payment will be made directly to Ashland Tennis & Fitness on your behalf but must be paid prior to attending any class. If you attend any class that has not been pre-paid by the Stevenson Memorial Foundation, your credit card will be billed for class.

I certify that the above information is accurate and completed to the best of my knowledge. I give the Stevenson Memorial Foundation permission to verify all of the above information. I understand that providing false information will result in this and any future applications being denied and I will be liable for full payment. I understand that incomplete applications will not be processed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_