

**2018 Scholarship Guidelines & Application**  
**Fairbanks Tennis Association**  
*(Confidential)*

**Eligibility:** Based on the guidelines below, each individual is eligible for a scholarship for **one camp and one session, or one middle school or high school program class**, with the family paying 1/3 of the fee **plus membership** and FTA awarding 2/3 of the fee.

**All youth/adult requesting 2018 Summer Tennis Scholarships:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Total Household Wages \$ \_\_\_\_\_ (yr/month/wk) Household Size: \_\_\_\_\_

Did you receive a permanent fund dividend yes no, If yes, how many \_\_\_\_\_

Are you receiving public assistance: yes no, If yes, circle those that you receive:

SSI Food Stamps Medicaid ATAP Adult Public Assistance School Lunch Program

I certify (promise) that all information is true and that all income is reported. I understand that FTA may verify information on this application. I also understand that if I purposely give false information, we may lose benefits.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Income Eligibility Guidelines**

**(from Federal Poverty Guidelines )**

Family Size	Annual gross	Monthly gross
1	15,180	1,265
2	20,580	1,715
3	25,980	2,165
4	31,380	2,615
5	36,780	3,065
6	42,180	3,515
7	47,580	3,965
Each addl.	5,400	

<b>DO NOT WRITE IN THIS BOX</b>
Total Income: _____ +PFD(s) _____ =Elig. Inc: _____
Eligibility Determination ___ Free ___ Reduced= _____ (%)
___ Denied
Reason for Denial ___ Over income ___ Incomplete ___ Other
Signed by FTA Director/ Board Member _____
Dated _____

Notes: