



The Raise a Racquet Foundation will annually disburse a minimum of 4% of the fund's unrestricted assets.

To request need-based financial assistance for deserving Kentucky juniors, please complete this form. The guidelines for receiving Raise a Racquet funding are:

- **Priority will be given to developmental opportunities (e.g. camps, lessons).**
- **Applicants must exhibit good sportsmanship on the court at all times.**
- **The maximum grant is \$1000 per junior per calendar year.**
- **Scholarships will be paid directly to the provider or school.**
- **In the case of funds going directly to players, receipts for how the aide was used must be submitted to the USTA Kentucky office.**

For other funding requests:

Please submit a formal written request, stating the purpose, how funding will be used, and support documents for amounts requested (budgets, bids, and/or photos). In instances of funds being paid to individuals, original receipts for how the funding was used must be submitted to the USTA Kentucky office.



Application for Financial Aid Confidential

Financial Aid is available on a limited basis and is awarded primarily on need.

Date: _____

Player Information

Name: _____ E-Mail _____

Date of Birth: _____ Telephone _____

Address: _____
Street City State Zip

Family Information

Father's Name: _____

Occupation: _____

Name of Present Employer: _____

Mother's Name: _____

Occupation: _____

Name of Present Employer: _____

Annual Family Income (please check one)

Under \$15,000 _____ \$25,000-\$40,000 _____ \$50,000-\$75,000 _____
\$15,000-\$25,000 _____ \$40,000-\$50,000 _____ more than \$75,000 _____

Do you own or rent your home? Own _____ Rent _____

Number of children in family including applicant? _____

Do children or the family receive assistance for day-to day living from any other source? _____

If yes, please explain _____

Do children receive assistance to support tennis from any other source? _____

If yes, please explain _____

Coach's Name, Address, Phone, E-Mail

Please explain your justification for financial aid and the expenses for which you will be using the aid: _____

If this request is for the purpose of supporting a tournament level player:

Current rankings: State _____ Sectional _____ National _____

Tournament Schedule for the current year:

Receipts must be submitted to verify expenses:

Parent's signature _____ Date _____

OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date application was received: _____

Financial Aid Approved: _____ Amount: _____

Financial Aid Declined: _____

**Please return this form to:
Raise A Racquet Foundation
8900 Greenway Commons Place #101
Louisville, KY 40220
Fax: 502-491-1228**