****2024 Youth Tennis Scholarship

The Black Hills Tennis Association is proud to offer annual scholarships to deserving youth student-athletes in the community who may require financial assistance to pay for membership, lessons, and court time at an indoor tennis facility.

BHTA will provide four quarterly junior membership scholarships per calendar year; two recipients for Arrowhead Country Club and two for The Tennis Center of the Black Hills. Qualified candidates will be granted the scholarship for one year, with quarterly evaluations (based on commitment and participation) determining renewal every three months.

Scholarship recipients will work with tennis professionals to develop and grow all aspects of their game, including footwork, serving, strokes, endurance, power, strategy, critical thinking, and problem-solving skills.

Applicants must meet the following criteria:

* Age: 8-17 y/o
* Tennis experience: Some previous tennis participation preferred, ex) middle/high school tennis, summer recreation programs, or private club
* Interest: Must have a genuine desire to learn the game of tennis with the intention/goal of competing in the BH area for a JV/Varsity team at the Middle School or High School level.
* Residence: Must live in the Black Hills area of SD.
* Income: Financial need/circumstances considered.
* Behavior: Recipients must be respectful, committed, and model good sportsmanship and character.
* Academics: Must be in/maintain good academic standing.

Applications eligible for consideration must include the following upon submission:

1) BHTA scholarship application form

2) **Two** letters of reference and at least one reference must be from a coach, teacher, or mentor.

3) Statement of commitment must be signed by both the applicant and the parent/legal guardian.

**Deadline for applications submission is January 31, 2024**

**Completed applications should be mailed or emailed:**

BHTA ℅ Claire Reilly [clairelouisereilly@icloud.com](mailto:clairelouisereilly@icloud.com)

6611 Maidstone Ct.

Rapid City, SD 57702

**2024 BHTA Scholarship Application Form**

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

Month and Year of Birth:\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Current GPA:\_\_\_\_\_\_\_\_\_\_\_\_

Phone #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(indicate home, work or cell phone )

Phone #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( indicate home, work or cell phone )

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/legal Guardian Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and Phone if different from applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Occupation & Employer (Parent 1):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation & Employer (Parent 2, if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**High School Team Interest**

Which Middle/High School team will you be playing for in 2024?

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**Prior Tennis Experience**

Please list any tennis experience that you have had, including recreation programs, school teams or private/group lessons:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Extra-Curricular Activities**

Please list any other sport or extra-curricular activities that you participate in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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One of the scholarship requirements is that the applicant will participate fully in the 2024 tennis season (and/or any applicable tryouts). Are there any other sports or extra-curricular activities that would hinder your ability to fulfill the terms of the scholarship? If yes; please describe:

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(boys season is spring, girls is fall)

**Financial/Extenuating Circumstances**

*This question is optional, but is a factor in the selection process.*

Are there any extenuating circumstances, such as financial, medical or family hardships that the committee should be aware of that might have a bearing on their decision? If so briefly describe how this hardship would impact your ability to participate in tennis without the benefit of a scholarship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Additional Consideration**

Please tell us why you feel that you should be selected to receive a BHTA tennis scholarship:

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**Statement of Commitment**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (parent) commit to supporting my child,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in their tennis development and use of BHTA scholarship funds. This support includes travel arrangements to and from tennis facility. I understand that the scholarship is for a junior membership at a tennis facility which will be renewed quarterly. Failure to utilize tennis facility opportunities may result in forfeiture of scholarship and scholarship may be awarded to another individual the next quarter. Exceptions will be made during participation in seasonal High School/Middle School Tennis Programs. Private lessons and equipment are the responsibility of the parent/guardian.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(applicants name), agree to use the BHTA scholarship funds to my full advantage. I agree that if I do not adhere to the scholarship terms as outlined in this application package that my scholarship may be revoked at any time and given to other deserving applicant.

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Applicant signature Date

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Parent or Guardian Signature Date