



**OTA DEVELOPMENT FUND
JUNIOR SCHOLARSHIP APPLICATION**

4-6 year olds- Up to \$100 per player per year
7 years & older- Up to \$500 per player per year

Date _____

Junior Player's Name _____ Age _____ Birth Date (Mo/Day/Yr) _____

Address _____ City/St/Zip _____

Application Submitted by _____ Relationship to Player _____

Home Phone _____ Work _____ Cell _____

E-mail _____ @ _____ OTA Member ____ Yes ____ No

Submit scholarship requests prior to the start of the program. Consideration will be given to need and to the timeliness of the application. Payment will be made to the program or to the director of the program upon receiving an invoice or to the applicant when a receipt is provided.

Purpose or program for which scholarship is requested: _____

Date program begins: _____ Cost of program \$ _____ Amount requested \$ _____

Describe why a scholarship is needed: _____

Additional information on why scholarship should be granted (involvement in school lunch program, ranking information, planned service to "give back", etc.):

Signature of person completing application _____

Printed Name _____

Check payable to: _____

Send check to (address) _____

Return completed application to

**OTA Development Fund
P.O. Box 642044
Omaha, NE 68164**

----- Do not write below this line- for administration purposes only. -----

Date application received _____ Complete ____ Yes ____ No

Scholarship Approved ____ Yes ____ No Amount \$ _____

Paid to: _____ Date _____ Check # _____