



**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 request prior to the need. Consideration will be given to need and to the timeliness of the application. Payment will be made to a provider upon receiving an invoice or to the applicant when a receipt is submitted.

- *OTA membership is expected of those applying for a full \$500 per year scholarship.*
- *The scholarship may not be used for private lessons.*

Purpose for which scholarship is requested: _____

Date needed: _____ Estimated costs \$ _____ 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 _____

Return completed application to
Vaweber10s@aol.com

or

**OTA Development Fund
902 Hackberry Ct #2411
Bellevue, NE 68005**