

BRETTSCHNEIDER SCHOLARSHIP FUND

Application Deadline March 31st

Please complete the application and provide all required documentation:

1. Completed application
2. Official high school transcript
3. College enrollment or acceptance letter
4. Community Service Volunteer Hours Report
5. Three (3) letters of recommendation
6. 150 word essay
7. Current photograph of applicant

Applicants will submit a completed application along with supporting documentation. Recommendations and official high school transcript must be submitted in a sealed envelope with the endorser's or schools signature over the seal.

Entire package must be postmarked by **March 31st**, and mailed to:

CTTA – Scholarship Review Board
P.O. Box 151014
Austin, Texas 78715

GENERAL INFORMATION

- Deadline for submission of scholarship package (postmarked by) March 31st.
- All applications and submitted materials become the property of CTTA. Only those not receiving an award will receive their photo returned if return envelope is included in packet.
- Applicants will be notified of decision in writing.
- Award will be mailed to recipients' institution directly.
- ****** If circumstances arise whereby an award recipient is unable to enroll or is unable to use the award in the opening fall semester after notice of award, the recipient must submit a written request for deferment. Each request will be reviewed and determined on a case-by-case basis. Failure to obtain approval from CTTA to change or delay use of the scholarship award will lead to forfeiture of rights to the award.

For more information, contact Ken Blakely, Scholarship Coordinator at (512) 280-5800 or info@cttatennis.org (subject Scholarships).

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Application

Deadline March 31st

Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ E-mail address _____

US Citizen:

- Yes
 No

Gender:

- Male
 Female

Race/Ethnicity: (Optional)

- African American Caucasian Latino
 Asian/Pacific Islander Native American Other

I. ESSAY

Use 8 ½" x 11" white paper; type or use a computer. Limit the essay to **150** words and tell us why you should be chosen for the scholarship. Use your **NAME and ESSAY** as the title. **Triple-space** after the title and **Double-space** the body of your essay and use 1" margin all around.

II. EDUCATIONAL BACKGROUND

High School Name _____

Guidance Counselor _____ Telephone _____

Counselor Email _____

Graduation Date _____ Cumulative grade point average _____

College Entrance Scores: **Scholastic Aptitude Test** _____ **American College Test** _____

List any scholarships, honors, or awards received while in high school:

List any extracurricular activities you've participated in while in high school:

List any civic or community activities you've participated in while in high school:

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III. HIGHER LEARNING INFORMATION

Name and contact information of the higher learning institution you plan to attend.

Trade Vocational
 2-year 4-year Academic major _____

IV. TENNIS PARTICIPATION

USTA Tournaments High School Private Club NJTL Other

Number of Years: _____ Skill Level: _____ State or USTA Ranking: _____

Special Awards: _____

Program/School Name: _____

Director/Coach Name: _____

Phone: _____

Address: _____

V. LETTER OF RECOMMENDATION

Name three people who will be writing letters of recommendation on your behalf.

1. _____

2. _____

3. _____

Authorization/Signature

I declare that the information reported on this form, to the best of my knowledge, is true, correct and complete.

Applicant's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

Office Use ONLY

Received By: _____ Date: _____ Package Complete: Yes No

Recommended by Review Board: Yes No Executive Board Approved: Yes No

Award Amount \$ _____

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Recommendation #1

Name of Applicant: _____

The above applicant is applying for the TBA scholarship from Central Texas Tennis Association. The primary focus of the TBA scholarship is to help participants in our youth program receive financial assistance towards tuition, the purchase of college textbooks, and/or materials. Your honest evaluation of the applicant will be of assistance to the Scholarship Review Board. Please complete the following, and, if possible, attach a letter on behalf of the applicant.

Name of person completing this form: _____ Date: _____

Phone #: _____ Email Address: _____

Relationship to Applicant: _____ How long have you known the applicant? _____

Please rate the candidate's ability in each area in which you have personal knowledge. (A # 1 rating represents the most favorable; # 5 represents the least favorable).

	1	2	3	4	5	
Articulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inarticulate
Self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires constant pushing
Exercises Good Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercises poor judgment
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unreliable
Strives for excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Settle for less than the best
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follower

Indicate any strengths and weaknesses you think the candidate possesses and any other comments you may have.

Signature: _____ Date: _____

Thank you for your cooperation and effort in completing this recommendation form. **Please return this form directly to the applicant in a sealed envelope with your signature over the seal.** The applicant must return this form to CTTA in an envelope postmarked **no later than March 31st.**

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Recommendation #2

Name of Applicant: _____

The above applicant is applying for the TBA scholarship from Central Texas Tennis Association. The primary focus of the TBA scholarship is to help participants in our youth program receive financial assistance towards tuition, the purchase of college textbooks, and/or materials. Your honest evaluation of the applicant will be of assistance to the Scholarship Review Board. Please complete the following, and, if possible, attach a letter on behalf of the applicant.

Name of person completing this form: _____ Date: _____

Phone #: _____ Email Address: _____

Relationship to Applicant: _____ How long have you known the applicant? _____

Please rate the candidate's ability in each area in which you have personal knowledge. (A # 1 rating represents the most favorable; # 5 represents the least favorable).

	1	2	3	4	5	
Articulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inarticulate
Self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires constant pushing
Exercises Good Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercises poor judgment
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unreliable
Strives for excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Settle for less than the best
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follower

Indicate any strengths and weaknesses you think the candidate possesses and any other comments you may have.

Signature: _____ Date: _____

Thank you for your cooperation and effort in completing this recommendation form. **Please return this form directly to the applicant in a sealed envelope with your signature over the seal.** The applicant must return this form to CTTA in an envelope postmarked **no later than March 31st.**

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Recommendation #3

Name of Applicant: _____

The above applicant is applying for the TBA scholarship from Central Texas Tennis Association. The primary focus of the TBA scholarship is to help participants in our youth program receive financial assistance towards tuition, the purchase of college textbooks, and/or materials. Your honest evaluation of the applicant will be of assistance to the Scholarship Review Board. Please complete the following, and, if possible, attach a letter on behalf of the applicant.

Name of person completing this form: _____ Date: _____

Phone #: _____ Email Address: _____

Relationship to Applicant: _____ How long have you known the applicant? _____

Please rate the candidate's ability in each area in which you have personal knowledge. (A # 1 rating represents the most favorable; # 5 represents the least favorable).

	1	2	3	4	5	
Articulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inarticulate
Self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires constant pushing
Exercises Good Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercises poor judgment
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unreliable
Strives for excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Settle for less than the best
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follower

Indicate any strengths and weaknesses you think the candidate possesses and any other comments you may have.

Signature: _____ Date: _____

Thank you for your cooperation and effort in completing this recommendation form. **Please return this form directly to the applicant in a sealed envelope with your signature over the seal.** The applicant must return this form to CTTA in an envelope postmarked **no later than March 31st.**

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Application Volunteer Report

Applicant Name: _____

Date	Description of Duties	Hours	Approval		Contact Info
			Name	Initials	
Total Hours					

I declare that the information reported on this form, to the best of my knowledge, is true, correct and complete.

Applicant Signature: _____ Date: _____