



Central Texas Tennis Association (CTTA) is a 501 (c)(3) non-profit, tax-exempt organization established in August 1997. Founded by Sarah Pernel, a wife and mother of 3; while attending tournaments with her youngest son, she noticed a lack of minority presence, primarily African American and Hispanic. With a newfound determination, she established CTTA to promote the sport of tennis and give the youth in the inner city of Austin, particularly in East Austin, the opportunity to participate in a sport they would not otherwise be exposed, while making it more affordable for all.

CTTA feels strongly that income should not be a barrier to enjoying the sport of tennis and participating in any of our year-round programs. Therefore, thanks in large part to our annual donations, we offer financial assistance to anyone in our community whose income doesn't allow for participation. Eligibility for financial assistance and the amount of financial support that can be given is determined on an individual basis.

Central Texas Tennis Association

APPLICATION FOR FINANCIAL ASSISTANCE

Financial assistance is available on a limited basis and is awarded based on need for players participating in CTTA's tennis programs. Instructions for completing application:

- 1) Family income will be used to consider amount of financial assistance awarded.
- 2) Applicant/parent/guardian must always exhibit good sportsmanship on and off the court.
- 3) We reserve the right to ask for additional documentation as deemed necessary.

Date: _____

Player Information

Name: _____ Email: _____

Date of Birth: _____ Telephone: _____ Gender (Circle one): M F

Address: _____
Street City State Zip

Family Information

Mother's Name: _____ Occupation: _____

Employer: _____ Monthly Income: \$ _____

Email address: _____

Father's Name: _____ Occupation: _____

Employer: _____ Monthly Income: \$ _____

Number of children in family: _____ Number of people in household: _____

Do children receive assistance from any other source? _____

If yes, please explain: _____

Please explain your reason for financial assistance (attach additional pages, if needed):

I certify that the information provided is correct and true. I acknowledge that I've read and agree to the above guidelines.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date Application Received: _____ Staff Approved: _____

Financial Assistance Approved: _____ Amount: _____ Notification Date: _____