



TREASURE
COAST
TENNIS
FOUNDATION

GROWING THE GAME

TCTF Send a Kid to Camp Initiative

2020 Treasure Coast Camp Scholarship Application

Date: _____

Print name (Mother): _____ Middle: _____ (Last): _____

Age: _____

Print name (Father): _____ (Middle): _____ (Last): _____

Age: _____

Address: _____ How long at current address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

E-mail: _____ Fax: _____

Mother's Employer: _____ Employer's phone: _____

Mothers occupation: _____

Applicant's marital status: Single Married Divorced Separated

Father's Employer: _____ Employer's phone: _____

Fathers occupation: _____

Applicant's marital status: Single Married Divorced Separated

Child's Name _____ Age _____ Number Weeks Attending

Camp _____

Camp attending: _____ Cost: _____

Scholarship awarded from camp: _____ Scholarship Awarded from other organization: _____

Child's Name _____ Age _____ Number Weeks Attending

Camp _____

Camp attending: _____ Cost: _____

Scholarship awarded from camp: _____ Scholarship Awarded from other organization: _____

Child's Name _____ Age _____ Number Weeks Attending

Camp _____

Camp attending: _____ Cost: _____

Scholarship awarded from camp: _____ Scholarship Awarded from other organization: _____

Additional Household Members:

Name	Relationship	Age:	Employed?
_____	_____	_____	_____
_____	_____	_____	_____

Monthly Family Income:

SS / SSI / SSDI: \$ _____

Employment Wages: _____

Pension: _____

Unemployment: _____

Food Stamps: _____

Workers Comp: _____

Short or Long Term Disability: _____

Child Support: _____

Alimony: _____

Investments: _____

Other income: _____

Total Income: \$ _____

I hereby certify that all information I have provided is accurate and my statements of need are truthful. By signing below, I authorize TCTF to share personal information collected about me or my family in its possession, including but not limited to name, address, and other personal and identifiable information, and the type of assistance requested or received from this organization, with vendors and other community agencies and resources in order to confirm the need for or provision of the requested assistance and/or coordinate available services and assistance. Please note that if at any time, a change in circumstance occurs; this must be communicated with the TCTF.

Signature

Print Name

Date: _____

Give specific detailed information that you feel we should know about when processing your request for financial assistance.

