



LNTA Serves College Awards Overview

Overview

In 2018, **two (2) \$1,000 awards** will be given through the LNTA Serves College Textbook Award and one **(1) \$1,000 scholarship award** through the Mark Friday Memorial Scholarship to Lake Norman area high school seniors who actively participate in competitive tennis and community activities in the Lake Norman area.

By submitting an application for the LNTA Serves College Awards, applicants will be considered for both the LNTA Serves College Textbook Award and the Mark Friday Memorial Scholarship. The application deadline for both of these awards is April 30, 2018.

Eligibility

- Lake Norman area high school **senior** planning to attend a 2- or 4-year college or university.
- Currently attending a public or private high school in Charlotte (north of I-85), Concord (northwest of I-85), Cornelius, Davidson, Denver, East Lincoln County, Huntersville, Mooresville, Statesville or Troutman.
- Home-schooled high school seniors in the above footprint are also eligible.

Selection Criteria

Winning recipients will be chosen on the basis of the following criteria:

- Active in competitive tennis in one or more of the following ways: USTA tournament player, high school tennis team participant and/or Jr. Team Tennis.
- A 3.0 GPA.
- Consideration will be given to active participation in Lake Norman community activities and leadership shown both on the tennis court and in the community.
- Financial need is not a consideration for this award; however, you must disclose all other scholarship awards, including partial or full-ride athletic scholarships.
- Award decisions are made by the Lake Norman Tennis Association’s Scholarship Committee. The LNTA is a non-profit and volunteer-based organization that promotes and develops the growth of tennis in the Lake Norman community.

Award Timeline

Apply	Application period begins on the 1 st day of the senior year
April 30, 2018	All submissions due to LNTA postmarked by April 30 th
May 2018	Recipients announced. Award to be given in form of a check.

Questions

Please submit questions via Amy Brandon by email at ctc@lnta.org



LNTA Serves College Awards Overview

Submission Instructions

Thank you for your interest in the *LNTA Serves College Awards*. Please follow the steps below to **fully complete your submission** for the awards.

All of the items below must be sent to the LNTA **by mail** and postmarked by **April 30, 2018**. Late or incomplete submissions will not be considered.

Lake Norman Tennis Association
Attn: Scholarship Committee
P.O. Box 651
Cornelius, NC 28031

In **one envelope**, please submit the following:

- Your completed **2-page Award Application**.

- Your **Personal Statement**, one to two pages, typed. Details are provided on the Awards Application.

- A **personal photo** to be used for press releases. The photo will not be returned.

- Three **Letters of Recommendation**, each in a sealed envelope, with the recommender's signature across the seal. Use the LNTA Recommendation Forms included. With each Letter of Recommendation, please provide an envelope addressed as follows:

Lake Norman Tennis Association
Attn: Scholarship Committee
Re: Recommendation for [Your Name]



LNTA Serves College Awards Application

Applicant Information

Name _____

Address _____

street

City/State/Zip Code

Home Phone Number _____ Cell Phone Number _____

Email Address _____

US Citizen Yes No Gender Male Female Date of Birth _____

Personal Statement

On a separate page(s), please tell us how your participation in tennis, community and education programs has influenced your life. Include examples of special mentors, volunteer service and your future goals. Your personal statement should not focus solely on tennis and should be between one and two typed pages.

Educational Background

High School Name _____ Grade _____

H.S. Address _____

street

City/State/Zip Code

Graduation Date _____ Cumulative Grade Point Average _____

List any scholarships, honors, awards received during high school* _____

Extracurricular activities in which you participated* _____

Varsity or sports clubs in which you participated* _____

*Attach separate page if needed



LNTA Serves College Awards Application

College/University Information

College/University you plan to attend _____

Address of College _____

street

City/State/Zip Code

Entry Date _____ 2-year program Estimated tuition per year \$ _____

4-year program

Other Scholarship Information

Have you ever received any other USTA support in the form of a scholarship?

Yes

No

If yes, which scholarship did you receive and for what amount?

List any other college and/or tennis scholarships for which you've applied _____

List any other college and/or tennis scholarships you've received _____

Tennis Participation

USTA Tournaments High School Tennis USTA Jr Team Tennis Club Other _____

Number of Years _____ Skill Level _____

Special tennis awards _____

Program/School Name _____

Coach's Name _____ Phone Number _____

Coach's Email Address _____

Authorization/Signature

I declare that the information reported on this application, to the best of my knowledge and belief, is true, correct and complete. I understand that the selection of award recipients will be handled by the Scholarship Committee of the Lake Norman Tennis Association.

Applicant's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____



LNTA Serves College Awards Application

Tennis Coach's Recommendation. *The applicant's coach must complete this form.*

Name of Applicant _____

The above student is applying for the *LNTA Serves College Awards*. The primary focus of these awards is to help Lake Norman area students who participate in youth tennis by providing college financial assistance. Your honest evaluation of the applicant will help the LNTA Scholarship Committee make an award decision. Please complete the following, and, if possible, attach a letter on behalf of the applicant.

Date _____

Your Name _____

Position/Title _____ Email address _____

Name of Program/Facility _____

Address _____

Street *City/State/Zip Code*

How long and in what capacity have you known the applicant? _____

The following factors are estimates of the candidate's leadership potential. Please rate the applicant's ability in each area in which you have personal knowledge.

	Most favorable					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"/>	Will settle for less than the best	
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follower	

On a separate piece of paper, please indicate any strengths and weaknesses you think the applicant possesses and any other comments you may have.

Date _____ Signed _____

Thank you for your assistance 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 the Lake Norman Tennis Association Scholarship Committee in an envelope **postmarked by April 30, 2018.**



LNTA Serves College Awards Application

Faculty Recommendation. *A teacher of the applicant's choice must complete this form.*

Name of Applicant _____

The above student is applying for the *LNTA Serves College Awards*. The primary focus of these awards is to help Lake Norman area students who participate in youth tennis by providing college financial assistance. Your honest evaluation of the applicant will help the LNTA Scholarship Committee make an award decision. Please complete the following, and, if possible, attach a letter on behalf of the applicant.

Your Name _____ Date _____

Position/Title _____ Email address _____

Name of Program/Facility _____

Address _____

Street

City/State/Zip Code

How long and in what capacity have you known the applicant? _____

The following factors are estimates of the candidate's leadership potential. Please rate the applicant's ability in each area in which you have personal knowledge.

	Most favorable					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"/>	Will settle for less than the best	
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follower	

On a separate piece of paper, please indicate any strengths and weaknesses you think the applicant possesses and any other comments you may have.

Date _____ Signed _____

Thank you for your assistance 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 the Lake Norman Tennis Association Scholarship Committee in an envelope **postmarked by April 30, 2018.**



LNTA Serves College Awards Application

Recommendation of Applicant's Choice. *An individual (non-related) of the applicant's choice must complete this form.*

Name of Applicant _____

The above student is applying for the *LNTA Serves College Awards*. The primary focus of these awards is to help Lake Norman area students who participate in youth tennis by providing college financial assistance. Your honest evaluation of the applicant will help the LNTA Scholarship Committee make an award decision. Please complete the following, and, if possible, attach a letter on behalf of the applicant.

Your Name _____ Date _____

Position/Title _____ Email address _____

Name of Program/Facility _____

Address _____

Street

City/State/Zip Code

How long and in what capacity have you known the applicant? _____

The following factors are estimates of the candidate's leadership potential. Please rate the applicant's ability in each area in which you have personal knowledge.

	Most favorable					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"/>	Will settle for less than the best	
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follower	

On a separate piece of paper, please indicate any strengths and weaknesses you think the applicant possesses and any other comments you may have.

Date _____ Signed _____

Thank you for your assistance 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 the Lake Norman Tennis Association Scholarship Committee in an envelope **postmarked by April 30, 2018.**