**2023 Application**

 **Deva Morgan Tennis Scholarship Program**

**Instructions:** *Qualified candidates must reside and attend school in McLean County and be enrolled in 6th through 11th grade at the time the application is submitted. Completed applications (and supporting documentation) should be mailed to Mindy Morgan c/o Evergreen Racquet Club, 3203 East Washington Street, Bloomington IL 61704 or e-mailed to mindyk9221@gmail.com.*

**Deadline:** *Applications for each calender year will be accepted between January 1st and September 30th. Award recipients will be notified within* ***four weeks*** *of submission if they have been approved for the scholarship.*

**Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Last First**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade currently enrolled in:\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of School Attending at time of application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requirements**

1. **Essay:** *Please see brochure for details on what to include in your essay.*
2. **Scholastic:** *Applicants must be in good standing with respect to attendance, discipline, and grades. Good standing is required in all three areas and must be verified in writing by the school principal, assistant principal or guidance counselor. School personnel may include explanation of any special circumstances that should be considered.*

**\*\*\*Applicant must include the above Requirements *(1 & 2)* with this form.**

**Parent or Legal Guardian’s Name and contact information:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First**

**e-mail address/phone number**

**Parent or Legal Guardian’s Signature:**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**