



STEAMBOAT
TENNIS
ASSOCIATION
SUPPORTING YOUTH TENNIS

Youth Grant Application

Scholarship Applicant Name: _____

Date of Birth: _____ Age: _____ Grade in School: _____

Parent(s) Name: _____ Phone Number: _____

Contact Method if no phone: _____

Reason for Application (financial or family situation):

Program(s) Assistance Requested (ROGY, Summer ROGY Camp, Tiny Tots, etc.) Every season has several sessions of junior activities. Each session lasts for 5-7 weeks, depending on the child's age and ability. Please see ROGY fliers at the Steamboat Tennis and Pickleball Center for more details on dates and prices of each activity and session.

The STA will fund up to \$750 per calendar year. The Grant Request shall not exceed 50% of the total estimated costs of the program. The Grantee's family will need to pay for 50% of program costs.

Desired Funding is for what program? _____

Season Child Wishes to Attend (Circle): Spring Summer Fall Winter

Estimated Total Cost of Program: _____ Grant Requested: _____

Additional Applicant Comments:

Please check: _____ My child and I agree to volunteer (see Policy Guideline #5).

Parent/Guardian's Name: _____ Signature: _____

Endorsed by (Name): _____ Signature: _____

Circle Appropriate Category:

Teaching Pro | STA Board Member | Friend of Family/Applicant | Other

For more information, please contact STA Board Member
Emilie Rogers at 970-879-8400 or
emielcc@gmail.com.