2024 EMPLOYEE SCHOLARSHIP APPLICATION

APPLICATION CRITERIA

application.

- 1. Applicants may be full or part-time, regular or seasonal employees at Seattle Tennis Club
- 2. Applicants may not be member employees.
- 3. The applicant must have performed his or her work at STC in an exemplary manner.
- 4. The educational goals are broadly defined. The applicant must be registered and attending or accepted to attend a recognized undergraduate, graduate, technical or trade school.

COMPLETED APPLICATIONS MUST BE RECEIVED BY 5:00 PM ON MONDAY, JULY 22, 2024. ALL APPLICATIONS AND MATERIALS MUST BE TYPED.

Submit completed applications and materials to: membership@seattletennisclub.org.

SUBMISSION REQUIREMENTS	
□ ESSAY	
The applicant must submit an essay with this application, and it must be typed. The essay should address the followir components: 1) Your career objectives; 2) Reasons why you feel you should be a scholarship recipient; and 3) A short	ng
biography of past academic accomplishments and future academic goals.	
□ PHOTOGRAPH	
Please submit a <u>current</u> photograph to accompany your application. The photograph will be used to help the Commitmembers identify the applicants and for promotional purposes for the Scholarship fund.	ittee
☐ PROOF OF ACCEPTANCE	
The applicant must show proof of acceptance or attendance at their stated school. A copy of the student's registration acceptable.	is
☐ TRANSCRIPT	
All applicants must submit a copy of their most recent transcript from a college or trade school, or a copy of their high school transcript, if entering college for the first time. Unofficial transcripts are acceptable.	
☐ TWO LETTERS OF RECOMMENDATION	
All applicants must submit two letters of recommendation from an instructor, a school advisor, a community leader, or	current
or former employer, or current STC supervisor with this application. Letters may be submitted directly to the Club at	
membership@seattletennisclub.org	
☐ PERSONAL INTERVIEW WITH THE COMMITTEE	
Applicants <u>must</u> appear before the Scholarship Committee for an in-person interview. Interviews for 2024 will be	
scheduled, by Rose Schmidt, to occur on July 30 between the hours of 12:00 pm and 6:00 pm. Awards will be announced to the scheduled of the sc	nced

Funds are awarded at the sole discretion of the Scholarship Committee. The Scholarship Committee may, in any given year, determine that (a) no award is appropriate; (b) awards should be shared by more than one employee; or (c) that not all funds be distributed to applicants in a given year. No applicant is guaranteed to receive an award. If you do not receive an award, but continue to be employed by the Club, you are encouraged to reapply each year. There is no limit to the number of years you may apply for scholarship awards, as long as you continue to be enrolled in a recognized educational program.

after all interviews have been completed. Tuition checks, if awarded, will be mailed directly to the school listed on the

Awarded scholarship funds will be made payable directly to the applicant's school for tuition purposes only. Funds will be mailed to schools on or by September 1, 2024. <u>Please make sure the school's tuition/scholarship office payment address is accurate on your application</u>. The Seattle Tennis Club is not responsible for funds mailed to the wrong address or late receipt of funds.

This award is for student tuition only. If the student withdraws from the institution or is terminated, the school will be required to return any remaining funds to the Seattle Tennis Club upon the student's academic departure.



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APPLICANT INFORMATION

Please Note: Applications <u>must</u> be typed. If a question doesn't apply to you, please type "N/A" in the designated space.



First Name:	Last Name: _		
Address:			
City:	State:	_ Zip Code:	
Phone Number:	Email:		-
The following information will be used for this information is complete and accurate.	sending scholarship funds, ij	f awarded, to your educational institution.	Please make sure
Name of School:			
Student Name & ID:			
Tuition Office Address:			-
City:	State:	_ Zip Code:	
HIGH SCHOOL EDUCATION	I		
Name of High School:			_
Years Attended:			
Academic Honors/Awards:			-
HIGHER EDUCATION (CURI	RENT ENROLLMEN	T)	
Name of School:			-
Address:			-
City:	State:	_ Zip Code:	
Annual Tuition (tuition ONLY; not incl	luding housing, books, etc	2.):	
Current Year of Study:	Current GPA: _		
Major Field of Study:			
Minor Field of Study:			
Academic Honors/Awards:			
Extracurricular Activities:			

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FINANCIAL STATEMENT

Please provide a list of all funding sources: financial aid, grants and scholarships (school, government or family) and amounts:



Source of Funding:	Amount: \$	(per year)	
If to be repaid, payment terms:			
Source of Funding:			
If to be repaid, payment terms:			
Source of Funding:	Amount: \$	(per year)	
If to be repaid, payment terms:			
Source of Funding:	Amount: \$	(per year)	
If to be repaid, payment terms:			
Source of Funding:	Amount: \$	(per year)	
If to be repaid, payment terms:			
Source of Funding:	Amount: \$	(per year)	
If to be repaid, payment terms:			
EMPLOYMENT			
Position at STC:	Average hours worked po	er week:	
Supervisor's Name:	_		
Other Job(s) (not at STC):			
Do you work during the school year:		here else?	
Have you ever received a scholarship from S	_		
If so, amount and year received:			_
The Seattle Tennis Club (STC) takes photographs, mak annual reports, flyers, web site and other publications. newspapers, radio, television or other media outlets. ST document, you agree to grant the STC the right to use in any/all media forms (including Internet), and/or oth invasion of privacy or similar rights or claims which you	In addition, we sometimes receive media FC seeks the undersigned's consent with your photograph, likeness, video or voice er Club publications. By signing this do	attention that may result in such ma regard to the publication of this mate recording, with or without your nan	iterial being published in loci rial. By signing this 1e, for broadcast or publicity
I hereby certify that all of the information su the best of my knowledge. I understand that immediately disqualify my application for s terms and conditions stated in this application	this information will be vetted a cholarship award. By typing or si	nd verified and that any discr	epancies may
Signature of Applicant:			
Date:			