MTA College Educational Scholarship

Name of	Applicant Social s	Security Number
Address_		
Telephon	e Date of Birth	Citizenship
USTA nu	mber	
EDUCAT	IONAL BACKGROUND	
School N	ame	
Address _		
	Guidance Counselor	Telephone
	Number of Credits Completed	Graduation Date
	Cumulative grade point average	
	College Entrance Test Scores: SAT	ACT
Which co	llege do you plan to attend?	
Have you	applied for admission? Have you	been accepted?
When will	I you begin your fulltime studies?	
What aca	ndemic major will you pursue?	
USTA PR	ROGRAM PARTICIPATION	
In which l	USTA programs did you participate?	
When? _	Where?	
Who was	the Program Director?	
Do you ha	ave a MTA ranking?What is it?	
Have you	received any special awards because of you	ur USTA participation?
What are	they?	
EXTRAC	URRICULAR ACTIVITIES	
List hono	rs or awards received while in high school: _	
Identify e	xtracurricular activities in which you have par	ticinated:
racinity 6.	Andodinoulai donvinos in willon you have par	noipatou.
List any c	community activities or honors:	
Have you	applied for any other USTA support in the fo	orm of scholarships?
	nat type of support?	
Have you	received other scholarships? In wha	t amount?
I declare	that the information reported on this form, to	the best of my knowledge
Applicant	's Signature	Date
Parent's S	Signature	Date
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Please be sure to include with this application all materials required in the application process instructions.

DEADLINE TO SUBMIT APPLICATION: April 15