

MISSISSIPPI

2024 MTA College Educational Scholarship

Name of Applicant		
Social Security Number_		
Address		
Telephone	Date of Birth	Citizenship
USTA number		
Parent email:		
EDUCATIONAL BACKG	ROUND	
School Name		
Address		
Guidance Counse	lor	Telephone
Number of Credits Completed		Graduation Date
Cumulative grade	point average	
College Entrance	Test Scores: SAT	ACT
Which college do you pla	n to attend?	
Have you applied for adm	nission? Have	e you been accepted?
When will you begin your	fulltime studies?	
What academic major wil	l vou nursue?	

USTA PROGRAM PARTICIPATION

In which USTA programs d	id you parti	cipate?	
When?	Where?		
Do you have a MTA rankinç	g?	What is it?	
Have you received any spe	cial awards	because of your US	TA participation?
What are they?			
EXTRACURRICULAR ACT	TIVITIES		
List honors or awards recei			
Identify extracurricular activ	vities in whic	ch you have participa	ted:
List any community activitie		3:	
Have you applied for any of	ther USTA	support in the form of	scholarships?
If yes, what type of support	?		
Have you received other so	cholarships?	? In what amou	nt?
I declare that the information reptrue, correct and complete.	orted on this f	form, to the best of my kn	owledge and belief, is
Applicant's Signature			Date
Parent's Signature			Date

Please be sure to include with this application all materials required in the application process instructions.

DEADLINE TO SUBMIT APPLICATION: May 2