

# Prospect Park Tennis Center Scholarship Application

Ways to return form:

Email: [kmichaud@prospectpark.org](mailto:kmichaud@prospectpark.org)

Drop off: 50 Parkside Avenue, Brooklyn, NY 11218

## Information

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Parent or Guardian \_\_\_\_\_  
Emergency Contact Name & Number \_\_\_\_\_

## Additional Information

**Please attach most recent IRS 1040 tax form.** Please attach free/reduced-price school meals eligibility if applicable. Information will be kept confidential and will be reviewed only by the Scholarship Committee.

Do you have other children enrolled in the program? ☐ Yes ☐ No

If yes, please list names \_\_\_\_\_

Program Number of Weeks: \_\_\_\_\_ Total Program Cost \_\_\_\_\_ Percentage Requested \_\_\_\_\_

Reason for Scholarship Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is accurate.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_