

In 2020, **two (2) \$1,000 awards** will be given through the LNTA Serves College Textbook Award to Lake Norman area high school seniors who actively participate in competitive tennis and community activities in the Lake Norman area.

By submitting an application for the LNTA Serves College Awards, applicants will be considered for one of two LNTA Serves College Textbook Awards. **The application deadline for these awards is April 30, 2020.**

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**Eligibility**

- Lake Norman area high school **senior** planning to attend a 2- or 4-year college or university.
- Currently attending a public or private high school in LNTA Service Area which includes Charlotte (north of I-85), Concord (northwest of I-85), Cornelius, Davidson, Denver, East Lincoln County, Huntersville, Mooresville, Statesville or Troutman. Please inquire if you have any questions regarding the service area.
- Home-schooled high school seniors in the above geography are also eligible.

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**Selection Criteria**

Winning recipients will be chosen on the basis of the following criteria:

- Active in competitive tennis in one or more of the following ways: USTA tournament player, high school tennis team participant and/or Jr. Team Tennis.
- A 3.0 GPA.
- Consideration will be given to active participation in Lake Norman community activities and leadership shown both on the tennis court and in the community.
- Financial need is not a consideration for this award; however, you must disclose all other scholarship awards, including partial or full athletic scholarships.
- Award decisions are made by the Lake Norman Tennis Association's Scholarship Committee. The LNTA is a non-profit and volunteer-based organization that promotes and develops the growth of tennis in the Lake Norman community.

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**Award Timeline**

Apply	Application period begins on the 1 <sup>st</sup> day of the senior year
April 30, 2020	All submissions due to LNTA postmarked by April 30 <sup>th</sup>
May 2020	Recipients announced. Award to be given in form of a check.

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**Questions**

Please submit questions via Amy Brandon by email at [director@lnta.org](mailto:director@lnta.org)



# LNTA Serves College Awards Overview

## Overview

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Thank you for your interest in the *LNTA Serves* College Awards.

Please follow the steps below to **fully complete your submission** for the awards.

**All the items below** must be sent to the LNTA **by mail** and postmarked by **April 30, 2020**.

\*Late or incomplete submissions will not be considered.

Lake Norman Tennis Association  
Attn: Scholarship Committee  
P.O. Box 651  
Cornelius, NC 28031

In **one envelope**, please submit the following:

- ☐ Your completed **2-page Award Application**.
- ☐ Your **Personal Statement**, one to two pages, typed. Details are provided on the Awards Application.
- ☐ A **personal photo** to be used for press releases. The photo will not be returned.
- ☐ Three **Letters of Recommendation**, each in a sealed envelope, with the recommender's signature across the seal. Use the LNTA Recommendation Forms included. With each Letter of Recommendation, please provide an envelope addressed as follows:

Lake Norman Tennis Association  
Attn: Scholarship Committee  
Re: Recommendation for [Your Name]



# LNTA Serves College Awards Overview

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### Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ *Street* \_\_\_\_\_ *City/State/Zip Code*

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Gender ☐ Male Date of Birth \_\_\_\_\_  
☐ Female

### Personal Statement

On a separate page(s), please tell us how your participation in tennis, community and education programs has influenced your life. Include examples of special mentors, volunteer service and your future goals. Your personal statement should not focus solely on tennis and should be between one and two typed pages.

### Educational Background

High School Name \_\_\_\_\_ Grade \_\_\_\_\_

High School Address \_\_\_\_\_

\_\_\_\_\_ *Street* \_\_\_\_\_ *City/State/Zip Code*

Graduation Date \_\_\_\_\_ Cumulative Grade Point Average \_\_\_\_\_

List any scholarships, honors, awards received during high school\* \_\_\_\_\_

\_\_\_\_\_

Extracurricular activities in which you participated\* \_\_\_\_\_

\_\_\_\_\_

Varsity or sports clubs in which you participated\* \_\_\_\_\_

\_\_\_\_\_

\*Attach separate page if needed



# LNTA Serves College Awards Overview

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### College/University Information

College/University you plan to attend \_\_\_\_\_

Address of College \_\_\_\_\_

Entry Date \_\_\_\_\_ *street* \_\_\_\_\_ *City/State/Zip Code* \_\_\_\_\_  
☐ 2-year program  
☐ 4-year program

### Other Scholarship Information

Have you ever received any other USTA support in the form of a scholarship?

☐ Yes

☐ No

If yes, which scholarship did you receive  
and for what amount? \_\_\_\_\_

List any other college and/or tennis scholarships for which you've applied \_\_\_\_\_

List any other college and/or tennis scholarships you've received \_\_\_\_\_

### Tennis Participation

☐ USTA Tournaments ☐ High School Tennis ☐ USTA Jr Team Tennis ☐ Club ☐ Other \_\_\_\_\_

Number of Years \_\_\_\_\_ Skill Level \_\_\_\_\_

Special tennis awards \_\_\_\_\_

Program/School Name \_\_\_\_\_

Coach's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Coach's Email Address \_\_\_\_\_

### Authorization/Signature

I declare that the information reported on this application, to the best of my knowledge and belief, is true, correct and complete. I understand that the selection of award recipients will be handled by the Scholarship Committee of the Lake Norman Tennis Association.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



# LNTA Serves College Awards Overview

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### **Tennis Coach's Recommendation.** *The applicant's coach must complete this form.*

Name of Applicant \_\_\_\_\_

The above student is applying for the *LNTA Serves College Awards*. The primary focus of these awards is to help Lake Norman area students who participate in youth tennis by providing college financial assistance. Your honest evaluation of the applicant will help the LNTA Scholarship Committee make an award decision. Please complete the following, and, if possible, attach a letter on behalf of the applicant.

Date \_\_\_\_\_

Your Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Email address \_\_\_\_\_

Name of Program/Facility \_\_\_\_\_

Address \_\_\_\_\_

Street

City/State/Zip Code

How long and in what capacity have you known the applicant? \_\_\_\_\_

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The following factors are estimates of the candidate's leadership potential. Please rate the applicant's ability in each area in which you have personal knowledge.

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	Most favorable					Least favorable	
	1	2	3	4	5		
Articulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inarticulate	
Self-Starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires constant pushing	
Exercises good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercises poor judgment	
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unreliable	
Strives for excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will settle for less than the best	
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follower	

On a separate piece of paper, please indicate any strengths and weaknesses you think the applicant possesses and any other comments you may have.

Date \_\_\_\_\_

Signed \_\_\_\_\_

Thank you for your assistance and effort in completing this recommendation form. **Please return this form directly to the applicant in a sealed envelope with your signature over the seal.** The applicant must return this form to the Lake Norman Tennis Association Scholarship Committee in an envelope **postmarked by April 30, 2020.**



# LNTA Serves College Awards Overview

## Overview

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**Faculty Recommendation.** *A teacher of the applicant's choice must complete this form.*

Name of Applicant \_\_\_\_\_

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Your Name \_\_\_\_\_ Date \_\_\_\_\_

Position/Title \_\_\_\_\_ Email address \_\_\_\_\_

Name of Program/Facility \_\_\_\_\_

Address \_\_\_\_\_

*Street*

*City/State/Zip Code*

How long and in what capacity have you known the applicant? \_\_\_\_\_

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The following factors are estimates of the candidate's leadership potential. Please rate the applicant's ability in each area in which you have personal knowledge.

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	Most favorable				Least favorable		
	1	2	3	4	5		
Articulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inarticulate	
Self-Starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires constant pushing	
Exercises good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercises poor judgment	
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unreliable	
Strives for excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will settle for less than the best	
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follower	

On a separate piece of paper, please indicate any strengths and weaknesses you think the applicant possesses and any other comments you may have.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Thank you for your assistance and effort in completing this recommendation form. **Please return this form directly to the applicant in a sealed envelope with your signature over the seal.** The applicant must return this form to the Lake Norman Tennis Association Scholarship Committee in an envelope **postmarked by April 30, 2020.**



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**Recommendation of Applicant's Choice.** *An individual (non-related) of the applicant's choice must complete this form.*

Name of Applicant \_\_\_\_\_

The above student is applying for the *LNTA Serves College Awards*. The primary focus of these awards is to help Lake Norman area students who participate in youth tennis by providing college financial assistance. Your honest evaluation of the applicant will help the LNTA Scholarship Committee make an award decision. Please complete the following, and, if possible, attach a letter on behalf of the applicant.

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Position/Title \_\_\_\_\_ Email address \_\_\_\_\_

Name of Program/Facility \_\_\_\_\_

Address \_\_\_\_\_

*Street*

*City/State/Zip Code*

How long and in what capacity have you known the applicant? \_\_\_\_\_

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The following factors are estimates of the candidate's leadership potential. Please rate the applicant's ability in each area in which you have personal knowledge.

	Most favorable				Least favorable		
	1	2	3	4	5		
Articulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inarticulate	
Self-Starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires constant pushing	
Exercises good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercises poor judgment	
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unreliable	
Strives for excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will settle for less than the best	
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follower	

On a separate piece of paper, please indicate any strengths and weaknesses you think the applicant possesses and any other comments you may have.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Thank you for your assistance and effort in completing this recommendation form. **Please return this form directly to the applicant in a sealed envelope with your signature over the seal.** The applicant must return this form to the Lake Norman Tennis Association Scholarship Committee in an envelope **postmarked by April 30, 2020.**