

## 2014-2015 USTA Tennis On Campus

## Start-Up Grant Application



App	olicai	nt
Info	rma	tion

Questions

Please fill out the following required information:			
*College/University			
*Contact Name			
*Position/Title			
*Business Mailing Address			
*City	*State/Province	. *Zip	
*Daytime Phone	*Email		
Email addresses will be used for official NIRSA business only, and v	·		
*Check Payable To			
Total # of indoor courts:			
*Tax ID or SSN#	_		
Are your available outdoor courts lighted? If yes, plea	ase indicate how many		
Are your available outdoor courts lighted: If yes, plea	ase mulcate now many.		
What tennis programs are you currently runing on you	ur campus?		

**NIRSA Headquarters** 4185 SW Research Way Corvallis, OR 97333-1067

tel: 541-766-8211 fax: 541-766-8284

email: nirsa@nirsa.org www.nirsa.org \*Required Field

Do you currently run any USTA Tennis On Campus programs on your campus?				
How many participants are you expecting in your tennis program?				
What areas of the tennis program will this grant fund?				

\*Required Field

How will the remainder of the tennis program be financed?	
How will this grant result ina self-sustaining tennis program in the future at your college/university?	

## Thank you!

Once you have completed this form in full, please send as an emial attachment to <a href="mailto:nick.zumbrun@nirsa.org">nick.zumbrun@nirsa.org</a>



\*Required Field

Additional	
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