

# DALE H. WHEELER MEMORIAL SCHOLARSHIP APPLICATION

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Name

Birth Date

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Address

City

State

Zip

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Parent/Guardian

Address

City

State

Zip

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High School

Date of Graduation

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College Attending (if known)

Start Date

**High School Sports and Activities:**

High School Tennis Coach(es): \_\_\_\_\_

**References:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Please enclose a summary of your high school background, personal future goals, and commitment to achieving these goals. Explain how tennis has been a factor in your life and to what extent it has made a difference to you.

Please return your sealed application and other pertinent information to Longview Tennis Desk no later than August 1st.

Please address all sealed envelopes to:  
Duluth Friends of Tennis  
Dale H. Wheeler Scholarship Committee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_