
Prospect Park Tennis Center Summer Youth Program Scholarship Application 2025

Ways to return form:

Email: kmichaud@prospectpark.org

Drop off: 50 Parkside Avenue, Brooklyn, NY 11218

Your 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.

Deadline for application submission: May 19, 2025

*please be advised that scholarship is only applicable to 2 weeks of the Summer Youth Program.

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 _____