

ADD PROGRAM

ADVANCING DEVELOPMENT & DIVERSITY IN TENNIS



APPLICANT INFORMATION SHEET

After you read the following information, please sign and date below. Your sectional contact must also sign this form. Enclosed is your application for RSPA membership. Please disregard all statements and questions pertaining to fees.

A great deal of planning and preparation goes into the RSPA Certification Exam by the RSPA Headquarters, the coach developer, the host facility and students participating in the exam. Because of this, the following guidelines are in effect. Please read the information carefully and address any questions to your divisional/sectional contact or the RSPA membership department.

You will have one year from the date you submit your application to complete the certification process. If you do not, you will not be allowed to apply for the ADD program in the future.

BY SIGNING THIS DOCUMENT, I UNDERSTAND AND AGREE TO ALL CONDITIONS LISTED ABOVE.

Applicant Information:

Approved by:

(PRINT NAME) _____

(PRINT NAME) _____

(STATE OF RESIDENCE) _____

(SIGNATURE) _____

(EMAIL) _____

(DATE) _____

(CONTACT PHONE) _____

(SIGNATURE) _____

(DATE) _____

Optional: Please check the appropriate box identifying your particular race or ethnic group.

African-American

Asian-American

Hispanic

American Indian

Other _____

APPLICATION QUESTIONNAIRE



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PLEASE PRINT CLEARLY OR TYPE ALL ANSWERS TO ENSURE ACCURATE INTERPRETATION. IF NECESSARY, ANSWER ON ANOTHER SHEET OF PAPER AND ATTACH.

1. What is your current occupation and what is your annual income?

2. List and describe the community tennis programs in which you have been involved as a tennis instructor.

3. List and describe community activities, other than tennis, in which you are involved.

4. Describe your tennis game, including strengths and weaknesses.

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5. List any organized sports other than tennis in which you have participated. Provide details where necessary.

6. Why do you feel you should be accepted into RSPA's ADD program?

7. If accepted into the ADD program, what are your future plans as a certified RSPA Professional?

By signing this application, I certify that the information provided is true, accurate and complete.

(PRINT NAME) _____

(SIGNATURE) _____ (DATE) _____