



The Skating Club of Morris Assistance Fund

APPLICATION FOR ASSISTANCE

All information contained in this application will be kept confidential.

I am seeking assistance for:

Competition

Testing

Official

Full Name _____ Birth date _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ USFSA # _____

EDUCATIONAL INFORMATION

School _____

Address _____

City _____ State _____ Zip _____

Principal's Name _____

Current GPA _____ Date of Graduation _____

Name and address of the next school or college you expect to attend

SKATING INFORMATION

How long have you been a Skating Club of Morris member? _____

How long do you plan on remaining a SCoM member? _____

List all skating clubs to which you previously or currently belong:

Club _____ Dates _____

Club _____ Dates _____

Club _____ Dates _____

Name of current instructors:

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In what year did you pass your Pre-Preliminary test? _____

What is the highest test you have passed in the following categories?

Freestyle _____ Moves _____ Dance _____

Pairs _____ Free Dance _____

Set forth your skating achievements including competitions entered or officiated, skating or officials school attended, exhibitions and shows skated, awards or appointments received, and offices held (for officials) Attach a separate piece of paper if necessary.

			For Competition		
Activity/Event	City	Date	Event/Class (round)	# of Skaters	Your Placement

What are your skating plans for the coming year? Include summer plans and the instructor's name if different from your current coach(es).

Describe your off ice activities.

Provide a brief statement as to your future plans in figure skating.

FINANCIAL INFORMATION

[This portion to be completed by parent unless applicant is a self-supporting adult.]

Full Name _____ Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Marital Status _____ Annual Household Income _____

Occupation _____ Spouse's Occupation _____

Total size of household (include all dependents) _____

How many family members do you have in post high school educational institutions in the coming school year? _____

Set forth educational expenses for the previous year and indicate whether public or private school:

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Is any scholarship aid received? If so, from what source and how much? _____

If your skater lives/trains away from home set forth the living arrangements and sources of support.

List the skating expenses for the previous year, including lessons, ice time, dues and fees, skates and equipment, transportation and travel, outfits and other expenditures directly related to skating such as private schools, etc. Include typical competition expenses in averages. Attach a separate sheet if necessary.

Is skater currently helping to pay for any of the expenses? _____ Yes _____ No
If yes, how?

Are other family members applying for assistance from this fund? _____ Yes _____ No
Is skating partner applying for assistance from this fund? _____ Yes _____ No

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List any unusual family expenses - medical and/or dental, casualty or theft losses or other unusual expenses, excluding skating.

Provide any additional information that would assist the committee in the decision making process.

We certify that we have read this application and that it is accurate and complete to the best of our knowledge. We agree to provide, if requested, any other documentation necessary to verify the information provided in this form. We further agree to promptly notify the Assistance Fund Committee of any change in circumstances.

Signature of Skater/Applicant

Date

Signature of Parent (Guardian)

Date

Signature of Spouse (Guardian)

Date

APPLICATION DEADLINE IS MARCH 15

Please place completed application, in a sealed envelope, in the Assistance Fund folder in Mennen Office.

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