

**CAPTIAL CITY FIGURE SKATING CLUB
SCHOLARSHIP APPLICATION
2009-2010 USFS QUALIFYING COMPETITIONS**

Personal Data

Name _____ Date of Application _____

Address _____ USFS No. _____

City _____ State _____ Zip Code _____

Telephone No. () _____ Email _____ Date of Birth _____

Club Affiliation

Home Club _____ Member Since _____

Training Information

Primary Training Rink _____

Secondary Training Rink _____

Coach No. 1 _____ Coach No. 2 _____

Skating Discipline & Level

Skating Discipline (Please check all that apply.)

Singles _____

Pairs _____

Dance _____

Synchronized _____

Name of Partner _____

Name of Partner _____

Name of Team _____

If a synchronized skating team is applying for a scholarship, then EACH team member is required to complete a scholarship application. The team captain is also required to complete the attached team roster form.

Current Level _____

Short Program: Yes _____ No _____

Free Program: Yes _____ No _____

Skating History

How long have you been skating? _____

Please list your past accomplishments. Use a separate sheet, if necessary. _____

Goals

What are your skating goals? _____

Scholarship Criteria

Did you skate in the 2009 Central Pacific Regional Championships? Yes _____ No _____
Were you a 2008-2009 home club member of CCFSC in good standing? Yes _____ No _____
Are you a current 2009-2010 home club member in good standing? Yes _____ No _____
When did you join CCFSC? Month _____ Year _____
Did you fulfill the 12-hour family volunteer requirement? Yes _____ No _____
Which CCFSC fund raising events did you participate in during July 1, 2008 through June 30, 2009?

Scholarship Information

Have you ever received a past scholarship from CCFSC? Yes _____ No _____
If yes, please complete the following:

When? How Much? For What Purpose?
_____ \$ _____
_____ \$ _____
_____ \$ _____

Have you ever received *any other* scholarships for skating? Yes _____ No _____
If yes, please complete the following:

Who Gave? When? How Much? For What Purpose?
_____ \$ _____
_____ \$ _____
_____ \$ _____

If awarded a CCFSC scholarship, for what qualifying competition will the scholarship funds be used?
Name of Competition _____
City _____ State _____ Competition Dates _____

What were the skater's expenses to participate in this competition?
Meals \$ _____
Lodging \$ _____
Transportation (includes air, ground & mileage) \$ _____
Coaches \$ _____
TOTAL \$ _____

Comments

This section is optional. Are there additional expenses or information that you want the CCFSC Board of Directors to know about? If yes, then please tell us below.

Signatures

Signature _____ Date _____
(Must be 18 years or older to sign.)
Parent's Signature _____ Date _____
(Required if skater is younger than 18 years of age.)

Return form to: DAWN PYLE; 7415 Pimienta Drive, Citrus Heights, CA 95621

For Club Use Only: Date Application Received: _____ Check Date: _____ Check No. _____

**CAPITAL CITY FIGURE SKATING CLUB
SCHOLARSHIP APPLICATION
2009-2010 USFSA QUALIFYING COMPETITIONS**

SYNCHRONIZED SKATING TEAM ROSTER

For completion by the captain of the synchronized skating team. Please print clearly.
Roster form must accompany team captain's scholarship application.

	<u>Name</u>	<u>USFSA No.</u>	<u>Team Member, Captain, or Alternate</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____

For additional information about the team, please contact:

Name _____

Address _____

City, State, Zip _____

Telephone No. _____

Email Address _____