

# Southern Eastern Great Lakes Figure Skating Council

## Financial Aid Scholarship

**Purpose:** *To provide financial assistance to a developmental skater who exhibits significant talent and a strong desire but lacks the necessary funds to advance to the next level of training.*

The Southern Eastern Great Lakes Figure Skating Council (SEGL) has set aside \$500.00 to be distributed proportionately, according to need and worthiness, to the qualifying applicants.

Monies

will be issued directly to the recipient's home club to credit the skater's account for club ice and developmental programs. Recipient is encouraged to participate in the following SEGL Invitational Competition; competition registration fee will be waived.

### Application Procedure

1. Parent / Legal Guardian must submit a copy of most recent tax returns and information on any extenuating circumstances.
2. Submit a copy of present training program and cost along with your coach's recommended training program and cost.
3. Include a letter of recommendation from your coach addressing such issues as skater's dedication, hard work, and dependability as well as confirming skater's potential ability. Please include parental/ guardian commitment to support their skater and assure that they will arrive on time and fully prepared for training.
4. Skater must submit an essay expressing what skating means to them and how this scholarship would be helpful.
5. Include a letter of recommendation from skater's home club confirming skater's commitment.
6. Include the completed questionnaire, signed by parent/ guardian, skater, and home club officer.
7. All applications must be submitted by Dec. 1.

### Criteria

Applicant must be a current registered USFSA member of a SEGL member club in good standing.

Applicant must show both need and worthiness of this award.

**Southern Eastern Great Lakes Figure Skating Council  
Financial Aid Scholarship**

Date \_\_\_\_\_ USFSA # \_\_\_\_\_  
Applicant's Name \_\_\_\_\_ DOB: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Street \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Parents / Guardian/ Name \_\_\_\_\_

School Name & address: \_\_\_\_\_

Skating level (highest tests passed) \_\_\_\_\_ Date \_\_\_\_\_

Please state the competitions, especially SEGL or Regionals, in which applicant has competed. List level and placement:

\_\_\_\_\_

May list Home Club/ USFSA activities and number of volunteer hours for the past year.

Activity \_\_\_\_\_ Hours per month

Activity \_\_\_\_\_ Hours per month

Activity \_\_\_\_\_ Hours per month

**I attest that the activity, test and competition information filled out by the applicant is accurate and true to the best of my knowledge.**

\_\_\_\_\_

Club officer's signature \_\_\_\_\_ (President, Vice President, Secretary, or Treasurer) \_\_\_\_\_ Date \_\_\_\_\_

**Affirmation: Under penalty of forfeiture of any funds that may be awarded under this scholarship, I certify that the information provided is complete and accurate to the best of my knowledge.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I will commit to support my skater and assure that he/she will arrive on time and fully prepared for training.**

Parent or Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please keep a copy and return the original to:

Southern Eastern Great Lakes Council  
Financial Aid Scholarship  
Marcia Chaffee  
6600 Autumn Glen Drive  
West Chester< Ohio 45069  
[tchaf73082@aol.com](mailto:tchaf73082@aol.com)