

# Skating Club of Jackson Hole

## Scholarship Application



**Application Due Date: September 7, 2020**

Skaters Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Skating Level: \_\_\_\_\_

Have you requested and received previous SCJH scholarships? Yes No

If yes, how many years? \_\_\_\_\_

Grade in School: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Primary Employer: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Primary Employer: \_\_\_\_\_

### Financial Need

Household Annual Income: \$\$ \_\_\_\_\_

SCJH Scholarships are considered and granted based on the following criteria:

- 1) Availability of funds, maximum of 50% per child applicant
- 2) Financial need of parent(s) and child applicant
- 3) Special personal circumstances
- 4) Number of years in SCJH
- 5) There must be no balance owed from previous years of skating

The SCJH Scholarship Program is intended to be a financial assistance program for those who meet the qualifying criteria and are committed to the Skating Club. It is suggested that scholarship recipients assist the Club as volunteering opportunities are made available. U.S. Figure Skating Association membership fees are the responsibility of the member and will not be considered in the amount of scholarship awarded.

**Completed applications are due by 5 pm, September 7th, 2020.**

**Email applications to [jksmith96@me.com](mailto:jksmith96@me.com),**

Please call with any questions, Janice Smith 307-699-0232.

P.O. Box 1165  
Jackson, WY 83001  
307.413.4146  
[skatingclubofjh@gmail.com](mailto:skatingclubofjh@gmail.com)

**I understand that I am responsible for submitting the following in order to apply and be considered for a scholarship and that a late / or incomplete application will not be considered:**

- Completed SCJH Scholarship Application Form
- Copy of the 1st page and signature page, of the previous year's income tax return filed by the parent(s) or guardian(s) of Skaters applicant.  
(NOTE: if the parents do not file jointly, or are separated/divorced, tax returns from both parents are required). SCJH will destroy all legal and tax forms after shcolarships have been awarded.
- I hereby certify that the information on this form is accurate and I understand that the SCJH Executive Board may verify this information and I give authorization to SCJH Executive Board to verify the information contained within this application. Deliberate misrepresentation may result in termination of further financial assistance.
- I understand that any financial assistance is granted through a confidential Board process based on the outlined criteria and there is no guarantee of an amount granted based on the submittal of this application.
- I understand and agree to abide by the SCJH terms and conditions of accepting the scholarship.
- I understand that continued financial support may be terminated if these conditions are not met.
- I also understand that SCJH's scholarships are awarded seasonally, and that I must apply each season for scholarship consideration.

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Parent or Legal Guardian 1 Signature Date

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Parent or Legal Guardian 1 Print name

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Parent or Legal Guardian 2 Signature Date

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Parent or Legal Guardian 1 Print name

<b>SCJH Executive Board Use ONLY:</b>	
Date Application Package Received:	Date Application Package Reviewed:
Received by:	Application Package Complete/ Incomplete
Reviewed by:	Missing Information:
Application Approved or Denied:	
Notes:	
	Scholarship % or Amount Granted:
	Date Parent(s) Applicant Notified

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