Skating Club of Jackson Hole

Scholarship Application



Skater's Name:			
Grade in School:	Birth date:		
Skating Level:	Learn to Skate 🔲 Aspire 🗌 Advanced		
Scholarship requested fo	 r: 23/24 Season Fall & Winter (application due 9/8/23) 2023 Fall Semester only (application due 9/8/23) 2024 Winter Semester only (application due 12/8/23) 		
Have you requested and received previous SCJH scholarships? Yes No			
If yes, how many years?			
Family Information			
Parent or Legal Guardian	:		
Email:			
Home Address:			
Home Phone:			
	:		
Home Address:			
Lieuwe Dheeve			
Primary Employer:			

Financial Need

Household Annual Income: \$\$

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

- Availability of funds, maximum of 50% per child applicant 1)
- 2) Financial need of parent(s) and child applicant
- 3) Special personal circumstances
- 4) Number of years in SCJH
- There must be no balance owed from previous years of skating 5)
- 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.
- Scholarship recipients are required to complete volunteer hours with the Club in exchange for scholarship financial assistance. Hours are valued at \$50 per volunteer hour.
- U.S. Figure Skating Association membership fees are the responsibility of the member and will not be considered in the amount of scholarship awarded.

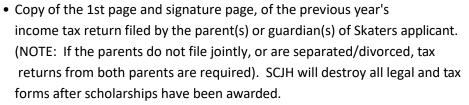
Please call Christina Mizelle with any questions, 307-699-5763.

Email completed applications to Christina Mizelle at wyomingmizelles@gmail.com by the due date.

SCJH Scholarship Application

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



- 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.
- SCJH's scholarships can be awarded for the year or seasonally. I understand that I must reapply for consideration each year or season based on the type of scholarship awarded.

Parent or Legal Guardian 1 Signature

Parent or Legal Guardian 1 Print name

Parent or Legal Guardian 2 Signature

Parent or Legal Guardian 1 Print name

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



P.O. Box 1165 Jackson, WY 83001 skatingclubofjh@gmail.com Date

Date