Skating Club of Jackson Hole

Scholarship Application

Skater's Name: _____

Grade in School: _____ Birth date: _____

Skating Level: ☐ Learn to Skate ☐ Aspire ☐ Advanced

Scholarship requested for: ☐ 26/27 Season Fall & Winter (**application due 8/15/26**)

☐ 2026 Fall Semester only (**application due 8/15/26**)

☐ 2027 Winter Semester only (**application due 11/20/26**)

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: _____

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.
- Scholarship recipients are requested 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

Email the Scholarship Committee with any questions, SCJHScholarship@gmail.com

Email completed applications to SCJHScholarship@gmail.com **by due date.**

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

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.
- 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. SCJH will destroy all legal and tax forms after scholarships have been awarded.
  (NOTE: If the parents do not file jointly, or are separated/divorced, tax returns from both parents are required.)
- 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 the 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 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 Date

Parent or Legal Guardian 1 Print name

Parent or Legal Guardian 2 Signature Date

Parent or Legal Guardian 2 Print name

SCJH Executive Board Use ONLY:	
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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