

# Spokane Figure Skating Club

## Gill Scholarship Application Information

The *Gill Scholarship Fund* was established for skaters of Spokane Figure Skating Club ("SFSC") who have a need for financial assistance in order to achieve their skating goals. To apply for the Gill Scholarship, you must meet the following criteria at the time of application:

1. You have been skating with SFSC for at least one year as a home club member and agree to continue to be a home club member of SFSC for at least 2 years following the date you receive scholarship funds from SFSC, should you be chosen to receive a scholarship.
2. Your coach has recommended you for the scholarship.
3. You have participated in SFSC skating events.
4. You have a financial need for the scholarship.
5. You agree to help with fundraisers to replenish the *Gill Scholarship Fund*.
6. You are financially able to support most of your skating expenses. The *Gill Scholarship Fund* is intended to assist skaters with extenuating circumstances, such as a need for skates, a need to travel to qualifying competitions, or a parent out of work

To apply for the scholarship, please complete the attached form and include a short letter explaining your circumstances. Explain why you need the scholarship, what you will use it for, the desired amount, and what you can contribute to SFSC. Include information about the SFSC sponsored events you have participated in or volunteered your time.

All requests for assistance will be reviewed by the SFSC Board of Directors at a regularly scheduled board meeting. Decisions will be based on the funds available and information provided in your letter and application.

Please send your application and letter to:

Charmaine Wagner  
*Basic Skills Director, SFSC*  
8306 E. Vista Park Dr.  
Spokane, WA 99217

**Spokane Figure Skating Club Gill Scholarship Application**

Skater's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone #(s) \_\_\_\_\_

E-mail \_\_\_\_\_

Coach's Name \_\_\_\_\_

Skating Level & Highest Tests Passed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*Board Members' comments and conditions of the award:*

*Approved:* Yes No

*Amount Approved:* \_\_\_\_\_ *Date Approved:* \_\_\_\_\_

*Approved by: (Sign and print name and board position):*

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