



2015 Grace Moore Memorial Competitors' Assistance Scholarship Award Application

PART I - SKATING ACHIEVEMENTS

Applicant must designate a **New Jersey** club as their U.S. Figure Skating **home club**. An applicant's NJ home club must be a registered member of the NJ Council of FSC in order to be eligible to apply for a grant. List of eligible clubs are located on the certification page. To be eligible for a **Senior Scholarship** a skater must be a Novice, Junior or Senior Level skater AND have competed for two consecutive years at a qualifying competition.

For a Junior Scholarship the skater must be a Juvenile or Intermediate skater and have competed at least **one year at a qualifying competition.** *This award does not consider Synchronized Skating experience.* It is critical that you meet the above criteria - **Please Note:** There are **three parts** to complete: **application, essay, and certification**(note a permission to test is not an acceptable certification the test chair needs to certify) for a total of three pages. All parts must be submitted to the **test chair** for signature. Skaters under the age of 18 must have a parent or guardian certify the originality of the essay.

Print neatly or type on one side only. Do not staple or bind pages together. Application must be postmarked by **March 15, 2015. Absolutely NO late entries will be accepted or considered.** **The skater MUST complete the correct year's application and must have the signature of a club official, a blanket permission letter will be considered an incomplete application. The skaters home club must be a registered member of NJ Council of FSC otherwise the skater is not eligible for a grant. If the skater did not compete due to injury a doctors note must accompany the application to be considered. If the doctor's note is not attached the application will be rejected**

NAME: _____ AGE: _____ E-MAIL _____

ADDRESS: _____ PHONE: () _____ USFSA#: _____

_____ HOME CLUB: _____

SCHOOL: _____ GRADE: _____ COACH _____

COMPETITION LEVEL Please circle the category(ies) in which you are now competing:

SINGLES: JUV. INTERMED. NOV. JR. SR.

FIGURES: JUV. INTERMED. NOV. JR. SR.

MOVES: JUV. INTERMED. NOV. JR. SR.

PAIRS: JUV. INTERMED. NOV. JR. SR. PARTNER: _____

DANCE: JUV. INTERMED. NOV. JR. SR. PARTNER: _____

HIGHEST TEST PASSED (between March 1, 2014 and March 1, 2015):

MOVES: _____ FIGURES: _____ FREESTYLE _____ DANCE _____ PAIRS _____

Date _____ Date _____ Date _____ Date _____ Date _____

QUALIFYING COMPETITION RECORD Check only the highest (best) level you attained in competition for each qualifying competition season. If you compete in more than one discipline please indicate (**synchronized skating results not included**). ****Remember:** if you are applying for a **Senior Scholarship**, you **MUST** fill out both columns.

| 2014 Season (Oct. 2013 Regionals/Jan. 2014 Nationals) | 2015 Season (Oct. 2014 Regionals/Jan. 2015 Nationals) |
|--|--|
| <input type="checkbox"/> Did not compete (not eligible for Sr. scholarship unless injured) must have verification from a doctor. | <input type="checkbox"/> Did not compete (not eligible for either scholarship unless injured-must have verification from a doctor. |
| <input type="checkbox"/> Regional Initial Round (Level: _____ Placement: _____) | <input type="checkbox"/> Regional Initial Round (Level: _____ Placement: _____) |
| <input type="checkbox"/> Regional Final Overall (Level: _____ Placement: _____) | <input type="checkbox"/> Regional Final Overall (Level: _____ Placement: _____) |
| <input type="checkbox"/> Sectional Championships (Level: _____ Placement: _____) | <input type="checkbox"/> Sectional Championships (Level: _____ Placement: _____) |
| <input type="checkbox"/> U.S. National Championships (Level: _____ Placement: _____) | <input type="checkbox"/> U.S. National Championships (Level: _____ Placement: _____) |
| <input type="checkbox"/> International (ISU) (Level: _____ Placement: _____) | <input type="checkbox"/> International (ISU) (Level: _____ Placement: _____) |
| <input type="checkbox"/> National Solo Dance (Level: _____ Placement: _____) | <input type="checkbox"/> National Solo Dance (Level: _____ Placement: _____) |

*******YOU MUST SUBMIT APPLICATION TO HOME CLUB TEST CHAIR FOR VERIFICATION*******
Please write your name and check the scholarship(s) you are applying for on all submitted pages:

Name _____ Senior Scholarship _____ Junior

Scholarship _____



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LIST OFF-ICE INTERESTS AND ACTIVITIES:

PART II – ESSAY- Note a Junior and Senior Requirement

APPLICANT MUST SUBMIT AN ESSAY. PLEASE TYPE YOUR ESSAY ON THIS PAGE. IF YOU NEED ADDITIONAL PAPER, PLEASE TYPE YOUR NAME AT THE TOP OF THE PAGE. ESSAYS MAY BE ONE PARAGRAPH TO FIVE PARAGRAPHS IN LENGTH

Junior Scholarship

The 1985 Winter Olympics were held in Sarajevo and will be celebrating 30 years in 2015 – please choose an athlete from those winter games and prepare an essay discussing:

- A) What was significant about the athlete you chose?
- B) What did the athlete contribute to the advancement of the their sport?
- C) What made you choose that athlete?
- D) How has that athlete influenced you?

Senior Scholarship

Prepare an essay on how you believe

- A) How is skating helping you now off the ice?
- B) How skating will help you in the future (in skating or non skating activities)?
- C) Do you have aspirations outside of skating?
- D) How do you envision keeping skating part of your lives going forward (coaching, judging or simply following the sport)?
- E) Do you have someone that is influencing you now?

MY ESSAY

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List of Registered NJ Council Clubs:

Atlantic City FSC, Essex Skating Club of NJ, Garden State FSC, Ice House of NJFSC, Jersey Coast FSC, North Jersey FSC, Princeton SC, Skating Club of Bridgewater, Skating Club of Morris, Skating Club of Southern NJ, Upper Mountain SA

PART III - CERTIFICATION

>>>I certify that my son/daughter has completed this essay to the best of his/her ability and that the content is original and not the product of any other person. I understand that if the adjudicators believe the essay is not original work, my son/daughter will be automatically disqualified.

PRINT NAME

SIGNATURE OF PARENT / GUARDIAN IF UNDER 18

DATE

*****TEST CHAIR*****

I verify _____'s test and competition results indicated in the above application, and that the
(Print Name of Skater)
skater is in good standing with _____ and that _____ is a registered
NJ Home Club NJ Home Club
member of the NJ Council of FSC. Any skater whose home club is not a registered member of NJ Council of FSC is not eligible for a NJ Council Grant. List of registered clubs listed above, if your club is not listed you are not eligible for a grant.

Print Name of Test Chair

SIGNATURE OF TEST CHAIR

TEST CHAIR'S PHONE

Please Do Not include a photo
DO NOT STAPLE OR BIND MATERIALS

COMPLETE APPLICATION and ESSAY MUST BE POSTMARKED NO LATER THAN March 15, 2015 NO LATE ENTRIES WILL BE ACCEPTED OR CONSIDERED(question: smwelsh126@comcast.net)

Mail completed application to:
Susan Welsh
73 Sam Bonnell Drive
Clinton, NJ 08809

*****YOU MUST SUBMIT APPLICATION TO HOME CLUB TEST CHAIR FOR VERIFICATION*****

Please write your name and check the scholarship(s) you are applying for on all submitted pages:

Name _____ Senior Scholarship _____ Junior
Scholarship _____