



**APPLICATION FOR ESSEX SKATER SCHOLARSHIP FUND AWARD**  
**FIGURE SKATING OR HOCKEY**



Awarded on merit to an Essex County resident or to a skater who skates at least twice a week at an Essex County Skating facility.

Skater's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_ Phone: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Skating Information**

Home Club and Arena: \_\_\_\_\_

USFS Tests passed: \_\_\_\_\_ MIF: \_\_\_\_\_ FREE: \_\_\_\_\_ DANCE: \_\_\_\_\_  
 (Include Dates)

USFS Skating accomplishments during 2021-22 season  
 (Include Dates)

\_\_\_\_\_

\_\_\_\_\_

List Hockey Team and Record of Participation:

\_\_\_\_\_

Why do you feel you deserve a scholarship award?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List off-ice activities and accomplishments:

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ USFS #: \_\_\_\_\_

Verification of Skating accomplishments of applicant:

Signature of Home Club official or Hockey Coach: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Deadline for Filing Application: June 29, 2022

Email or Mail to: [Sallysaul@aol.com](mailto:Sallysaul@aol.com) Essex Skaters Scholarship Fund  
 c/o Sally Saul  
 8 Belgrade Terrace  
 West Orange, NJ 07052