

Georgia Figure Skating Club (GaFSC) Scholarship Application 2024-2025

General Description:

The academic scholarship program is designed to assist GaFSC members pursuing a college or university degree. Awards are based on academic performance and participation in skating and GaFSC activities. Awards are nonrenewable—a single recipient can receive only one award.

Eligibility:

- Current U.S. Figure Skating/Georgia Figure Skating Club member in good standing with a full skating membership
- Full skating membership maintained for at least two years prior to applying for the scholarship.
- Applicant must be actively skating (test/compete) OR must demonstrate active involvement in figure skating (officials, judges, active Club role)
- GaFSC must be the applicant's home club
- Applicant must renew their membership as a Collegiate member for the following skating year (2025-26). This membership is good for four years and entitles the skater to full Club membership privileges.

Requirements:

- Applicant must submit a completed application
- Applicant must be accepted, enrolled, and pursuing a degree at one of the following:
 - Accredited four-year college/university
 - Accredited junior or community college
 - Accredited graduate school
- For 2024-2025, the award amount is \$250. Award amounts are determined by the GaFSC on an annual basis.

Notification:

Applicants will be notified by e-mail if they have qualified for a scholarship.

Note: Race, gender, religion and ethnic background are not considered in the selection of award recipients. The selection of scholarship recipients is determined by the GaFSC Board members.

PART I: General

Name: _____

Address: _____

Phone: _____

Email: _____

PART II: Figure Skating

Number of years GaFSC full skating member: _____

Current Test Level: MIF & FS: _____

Discipline (singles, dance, pairs, official): _____

Participation in competitions/skating events in the past two years (year and event):

PART III:

College, university, junior/community college that applicant will attend:

School Name: _____

City: _____ State: _____

Applicant will attend as a (circle one):

Freshman Sophomore Junior Senior Graduate Student

Cumulative High School Grade Point Average: _____ Scale: 4.0 5.0

Date of High School Graduation: _____

The information provided is complete and accurate to the best of my knowledge.

Date: _____

Signature: _____

Signature of Parent or Legal Guardian (if under 18 years of age) _____

Date: _____

Mail Application and any attachments to:

GaFSC Scholarship Application

c/o Annette Florence

5058 Siron Ct

Dunwoody, GA 30338