Date	
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The Skaters' Education and Training Fund, Inc. APPLICATION FOR SCHOLARSHIP II – Part |

Skater		Date of Birth			
Skater Address		Parent or Guardia	an		
		Address			
lome phone		H phone			
-mail	W phone				
igure Skating Club Member	ships				
lub represented by applicar	nt				
SFSA or ISA Membership	Number				
urrent skating coach(es)					
lame of school					
Complete all expenses that	apply:				
	Co	st per Unit X Units p	er Week =	Total Cost	
CE FEES	\$	#	\$		
ESSONS FEES					
Free style	\$	#	\$		
Pairs	\$	#	\$		
Dance	\$	#	\$		
Choreography	\$	#	\$		
Off-ice training	\$	#	\$		
Program	\$	#	\$		
		Total Skating Expens	ses per Week \$		
PPLICATION FOR SCHOL	ARSHIP II – I	PART II			
	what your go	xplain in writing (2 pages or les als are for the coming year and s or sponsors.			
Parent or Guardian Signatur	e	Date			