Cleveland Championships 2000 Fund Individual Application* Deadline March 31st

Name:	L	Oate of Birth:	
Contact Name:	Appl	icant's USFSA #	
Address:			
City/State/Zip:			
Home Club:]	Number of Years:	
Test Level: Moves:	Freeskate	:	
Dance:Sy	nchronized:		
Pairs: Soc. Sec. # (Tax ID #):			
Phone: Day:			
Hometown Newspaper & Town:			
Amount of assistance requested for this grant p (\$1000 maximum for individuals)	period \$		
Have you received a CC 2000 Fund grant preva	iously? YES	NO	
Number of previous grants:		<u> </u>	
How much was the amount of your grant? \$		Date:	
Other grants received (i.e. USFSA Funds)?			
(Please note: A 1099 tax form reporting the to the recipient of such grant. Recipients sho tax consequences of receiving a grant.)			
Signature:		Date:	
Parent/Guardian:(if under 18 years)		Date:	

APPLICATION MUST INCLUDE TWO LETTERS OF RECOMMENDATION

*In order to be considered for an Individual grant, skater must be at Juvenile level or above and have competed at a minimum of 1 qualifying Regional Competition.

I.	What are your athletic accomplishments? (Please include tests passed, test level, competitions, dates, places, other athletics, etc.)
II.	What are your figure skating goals? (For this coming year, for the next five years?)

Please describe how you are supported financially. Include donations, sponsorships, loans, scholarships, USFSA or USOC grants, other grants and fundraising efforts. Be as specific as possible so the representatives of the Fund will be able to recognize your financial need clearly. Use the box to the right for explanation. **PLEASE NOTE**: If awarded a grant, you may be asked to submit appropriate tax information. If you do not adequately answer this question it may adversely affect the amount of the grant awarded. Corporate Sponsorships: Support from Community:_____ USOC/USFSA:_____ Fundraising: Other Sources: Total Support: \$ IV. Expense Information **PER YEAR**. Please indicate your expense totals in the space provided. Include ice fees and equipment, travel costs, entry fees, coaching salaries, etc. Use the box to the right for explanation. Ice Fees:_____ Skating Costumes: Club(s) Fees: Coaching Salaries: Equipment: Entry Fees:____ Travel Costs: coach(es)_____ parent/skater_____ Other Costs:

Income information (including USOC grants/payments) per year.

III.

Total Expenses: \$

V.	How would this Individual Grant specifically contribute to your goals? Please keep in mind that the Fund does not award the monies retroactively. If you are approved for a grant, you may not receive the money until three months after the application deadline date.
VI.	How do you plan to give back to the sport of figure skating?
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VII. Two letters of recommendation are required. They may be from your coach or someone who is familiar with your athletic competition records. The letters should address your athletic potential, accomplishments, pursuit of figure skating goals and relationship with the person writing the letter.

VIII. RETURN THE ORIGINAL APPLICATION TO:

Completed Applications should be submitted

to the current Secretary of the Greater Cleveland Council of Figure

Skating Clubs, Beth Roberts, either by email at: betsygnr@aol.com or by

mail to: 21572 Montclare Blvd, Strongsville, 44149.

It is up to the

applicant to verify the grant application has been received and is complete.