



## SPFSA Merit Scholarship 2017-2018

The purpose of the SPFSA scholarship is to provide an annual scholarship awarded to a member of the St. Peter Figure Skating Association that represents SPFSA in a positive way and exemplifies outstanding character in all areas of athletics, academics, community service and sportsmanship. Guidelines: Applicant must complete the scholarship application form. Applications are due April 1, 2017. Applicant must be in at least their second year of full membership (not associate membership) and continue on as a member for the following season as well. A letter of recommendation should be included with their application (from a coach, teacher or other person recommending the applicant). Final selection of the scholarship award will be made by committee. Applicants will receive written notification of the results. Applicants must use the scholarship award to assist in development of their skating. Awards will be placed directly into their SPFSA account for use on skating related expenses only.

### **SPFSA Merit Based Scholarship Application**

PERSONAL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

EMAIL \_\_\_\_\_

PARENT NAME \_\_\_\_\_

PARENT PHONE \_\_\_\_\_

EDUCATION

GRADE SCHOOL \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

GPA IF APPLICABLE \_\_\_\_\_

\*\*\*Please attach a copy of report cards for the last 12 months. TEST SCORES IF APPLICABLE

ACT \_\_\_\_\_ SAT \_\_\_\_\_

ACTIVITIES/AWARDS (MAY BE ON SEPARATE PAGE): PLEASE INCLUDE SCHOOL ACTIVITIES, HONORS AND AWARDS AND NUMBER OF YEARS PARTICIPATED \_\_\_\_\_

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ICE SKATING BACKGROUND

NUMBER OF YEARS SKATING \_\_\_\_\_

NUMBER OF YEARS MEMBER OF SPFSA \_\_\_\_\_

ISI LEVEL FS: \_\_\_\_\_ PAIR: \_\_\_\_\_ Dance: \_\_\_\_\_

USFSA LEVEL Free-Skate: MIF: \_\_\_\_\_ Dance: \_\_\_\_\_ Pairs: \_\_\_\_\_

SYNCRO TEAM: PROVIDE TEAM AND YEARS PARTICIPATED: \_\_\_\_\_

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COMPETITIONS AND AWARDS IN THE PAST YEAR: \_\_\_\_\_

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SKATING GOALS: \_\_\_\_\_

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WHAT DO YOU PLANS DO YOU HAVE TO USE THE AWARD IF GRANTED? \_\_\_\_\_

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COMMUNITY SERVICE SPSA VOLUNTEER PLEASE PROVIDE LIST OF VOLUNTEER/PARTICIPATION HOURS COMPLETED IN THE LAST YEAR (BE SPECIFIC) (Completed by applicant and/or family member): \_\_\_\_\_

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OTHER COMMUNITY SERVICE (PAST YEAR): \_\_\_\_\_

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SKATER QUESTION PROVIDE A STATEMENT ANSWERING THE QUESTION, "I SHOULD BE AWARDED THE SPFSA SCHOLARSHIP BECAUSE," (MAY BE ON SEPARATE PAGE): \_\_\_\_\_

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\*\*\*PLEASE ALSO PROVIDE A COACH, TEACHER OR OTHER LETTER OF RECOMMENDATION\*\*\*