



*Susan
Johnson
Memorial
Fund
Financial
Assistance
Program*

Atlanta Figure Skating Club



Atlanta Figure Skating Club

Financial Assistance Application Requirements

General Criteria

The Atlanta Figure Skating Club Susan Johnson Memorial Fund was developed to provide financial assistance to skaters and figure skating officials. Awards are based on financial need, promise as a singles, pairs, ice dancing or synchronized skater contribution to the sport of figure skating, character and sportsmanship.

Requirements

- Applicant must be an eligible figure skater or official as defined in the current U.S. Figure Skating Rulebook.
- Applicant must be a member in good standing of the Atlanta Figure Skating Club, which must be the applicant's home club.
- Skating applicant must be a full skating member of the Atlanta Figure Skating Club for a minimum of three (3) consecutive years.
- To qualify for competition expense assistance, a skating applicant must have passed the freeskate, moves in the field, pair, dance, figure, or synchronized skating tests necessary to enter U.S. Figure Skating Regional **qualifying** events.
- To qualify for official expenses, a U.S. Figure Skating official applicant (judge, referee, accountant or other) must hold at least the initial appointment for his/her category. For example, Bronze test judge, Regional referee.
- Applicants will be eligible for financial assistance one time per year.

Application Mailing Address

This application must be completed and mailed to the Atlanta Figure Skating Club Financial Assistance Committee at the address below:

Atlanta FSC Susan Johnson Memorial Fund Committee
3193 Andrews Ct.
Atlanta, GA 30305

Member of U.S. Figure Skating



Atlanta Figure Skating Club

Financial Assistance Application Instructions



GENERAL INFORMATION

Instructions

- Type or print the application legibly.
- Sign and date the application.
- Include all required financial documents.
- Mail the completed application to the address on page 1.
- Direct any questions to the Committee by contacting the club president.

Financial Documents

The following documents must be submitted with the application to be considered for financial assistance:

- Copy of adult applicant's or minor applicant's parents'/guardians' tax return for most recent tax year
- OR**
- If adult applicant or minor applicant's parents'/guardians did not file a current tax return, copies of W2(s), 1099(s) and other records of income must be submitted.

All financial information will be kept strictly confidential.

Award Notification

All applicants will be notified by mail or email if they have qualified for financial assistance.

Grant Denominations

The maximum individual grant is \$1,000.00. Awards are totally dependent on competition profits. There is no guaranteed funding for athletes.

Disclaimers

Race, gender, religion, age, and ethnic background are not considered in the selection of award recipients.

The selection of financial assistance recipients is determined by the Atlanta Figure Skating Club SAOF Committee.



Atlanta Figure Skating Club



Financial Assistance Application

PART I. GENERAL INFORMATION

Full Name _____
Last _____ First _____ MI _____

Permanent Address _____
Street _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Email Address _____ Fax _____

U.S. Figure Skating # _____ Date of Birth _____

Coaches' Names _____

Number of Continuous Years as Atlanta FSC Member _____

PART II. ACADEMIC INFORMATION

Name of School _____

School Address _____
Street _____

City _____ State _____ Zip _____

Grade _____

PART III. COMPETITIVE/ OFFICIATING HISTORY

Current Level (Test passed) _____
Moves in the Field Date _____ Free Skate Date _____

Synchronized Skating Team Level _____
Team Name _____

Pairs/Ice Dancing Partner Name _____
Club _____

PART III.

COMPETITIVE/ OFFICIATING HISTORY (continued)

List all free skate and short program events during the past three years:

| <u>Competition Name/Location</u> | <u>Event Date</u> | <u>Level</u> | <u>Placement/ Total Field</u> |
|----------------------------------|-------------------|--------------|-----------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List all volunteer involvement in Atlanta Figure Skating Club and/or U.S. Figure Skating activities such as trial judging, officiating, committee member, etc. during the past three years:

| <u>Activity</u> | <u>Hours/Month</u> |
|-----------------|--------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

List all skating or officials schools attended in the past three years:

| <u>School Name</u> | <u>Location</u> |
|--------------------|-----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PART III. COMPETITIVE/ OFFICIATING HISTORY (continued)

List all exhibitions, shows, awards or appointments and other skating achievements for the past three years:

| <u>Description</u> | <u>Date</u> |
|--------------------|-------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PART IV. ATHLETIC GOALS

What are your skating goals this year and in the future? What are you doing to achieve these goals?

PART V. ATLANTA FIGURE SKATING CLUB PARTICIPATION

Provide specific examples of the ways in which you and your family have participated in AFSC activities, including volunteering at competitions, test sessions, social events, committee membership, and fundraising during the past three years:

| <u>Description</u> | <u>Dates</u> |
|--------------------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PART VI. WEEKLY SCHEDULE

Provide a typical weekly schedule that includes school, skating and extracurricular activities.

PART VII. FINANCIAL REQUEST INFORMATION

State the amount of financial assistance requested and purpose:

| Amount | Purpose |
|--------|---------|
| _____ | _____ |
| _____ | _____ |

List your average monthly skating-related expenses for the applicant:

| | | | |
|--------------------|----------|-------------------|----------|
| Coaching Fees | \$ _____ | Off-Ice Training | _____ |
| Choreography Fees | _____ | Dance Classes | _____ |
| Camps | _____ | Sports Psychology | _____ |
| Ice Time | _____ | Housing | _____ |
| Equipment | _____ | Transportation | _____ |
| Competition Travel | _____ | Food | _____ |
| Competition Attire | _____ | Other (specify) | _____ |
| Club Dues | _____ | TOTAL | \$ _____ |

PART VIII. INCOME TAX RETURN INFORMATION

| | |
|-------------------------------------------------------------------------|----------|
| Adult applicant's most recent adjusted gross income (see instructions). | \$ _____ |
| Minor applicant's parents'/guardians' most recent adjusted gross income | \$ _____ |
| Total income from W-2(s), 1099(s) and other records of earnings: | |
| Applicant | \$ _____ |
| Parents/Guardians | \$ _____ |
| Applicant's and/or parents'/guardians' most recent untaxed income | \$ _____ |
| Applicant's and/or parents'/guardians household size | _____ |

PART IX. FINANCIAL SITUATION

Please outline your financial situation with respect to skating expenses, including circumstances affecting yourself and your immediate family (i.e., serious family illness, job loss, elderly parent care).

PART X. SKATING AND OTHER INCOME

Do/will you receive financial assistance from a private or commercial sponsor? If yes, please identify donor and state amount:

_____ \$ _____
Donor Amount

Do/will you receive any financial assistance (grants, scholarships, trusts, gifts, etc.) from a private foundation or from a civic organization? If yes, please identify donor and state amount:

_____ \$ _____
Donor Amount

Does the applicant contribute toward skating expenses? No Yes If yes, please identify the source of this income.
 Baby/pet sitting Allowance
 Part-time job Other

PART XI. VERIFICATION OF AFFIDAVITS

I certify that the information provided is complete and accurate to the best of my knowledge. I also certify that I intend to compete or continue official activities during the current season and understand that any award I may receive is contingent on this active participation.

Applicant's signature

Date

Signature of Parent or Legal Guardian
if applicant is under 18 years of age

Date