



2018 EPFSC ICE SHOW SCHOLARSHIP APPLICATION

In an effort to make figure skating available to *all* young people interested in the sport, the Eden Prairie Figure Skating Club (EPFSC) is proud to announce a need-based scholarship opportunity. This scholarship is available for one community skater who would like to skate in the 2018 Ice Show but who may be unable to do so due to financial considerations. We are dedicated to making figure skating accessible to all and we encourage applicants of all backgrounds, skills and abilities.

Established by the EPFSC, this program provides financial aid for the following:

- one season of skate school at the Eden Prairie Community Center
- ice show fees (general fee, costume and prop)
- one private lesson with a coach from the EPFSC
- ice skate rental from the Eden Prairie Community Center

Anyone who meets the following criteria is eligible to apply:

- Interested in figure skating and committed to registering for the 2018 ice show quickly, attending all practices, and attending all show dates.
- Under the age of 18 by March 23, 2018
- Currently in school
- Have financial need (with complete supporting data shown on the confidential Application).
- Have your Application postmarked and mailed to the EPFSC (16700 Valley View Road Eden Prairie, MN 55346) or drop it off in person at the front desk of the Eden Prairie Community Center by December 9, 2017

We look forward to considering your Application and being able to further support community skaters. For further information, please telephone Megan Mustafoff at (217)390-0609 or email EPFSC.iceshow@gmail.com. The 2018 EPFSC Ice Show Scholarship Application is attached and is also posted on the EPFSC website-- edenprairiefsc.org

All information submitted on this form is strictly confidential and will not be shared outside of the EPFSC board. Please drop off application at the Eden Prairie Community Center front desk or mail completed application to 16700 Valley View Road Eden Prairie, MN 55346 by 12/9/17.



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Full Name of Child: _____

Full Name/s of Parent/s or Guardian/s: _____

Home Address of Parent(s) or Guardian(s):

Street

City

State

Zip

Phone

Occupation of Parent(s) or Guardian(s)—if unemployed please write unemployed:

Occupation of Parent/Guardian 1

Occupation of Parent/Guardian 2

Employer of Parent/Guardian 1

Employer of Parent/Guardian 2

Family Financial Need:

Total number residing in Parent(s) or Guardian(s) household

Total Pre-tax family income from all sources

Have you applied and been approved for the Free and Reduced-Price School Meals program from the Minnesota Department of Education for the current school year? (Please circle) Yes or No

Does your household qualify for other public assistance programs such as medical assistance or unemployment insurance? (Please circle) Yes or No

Certification of Application:

We certify that we have read this Application and that it is accurate and complete to the best of our knowledge. We agree to provide, if requested, any other documentation necessary to verify

By signing below we acknowledge that all information above is true at the time of submission of this application. We further agree to promptly notify the EPFSC of any changes in our circumstances.

Signature of Parent(s)/Guardian(s)

Date

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