



## FOUR-YEAR SCHOLARSHIP APPLICATION GUIDELINES AND CRITERIA

### Scholarship Awarded for 2018-2019 Academic Year Application Deadline – February 1, 2018

- ◆ The Ice Skating Institute of America (ISIA) Education Foundation does not discriminate in academic scholarship selection on the basis of age, sex, religion, marital status, etc.

#### Guidelines

- ◆ Applicant must complete an official ISIA Scholarship Application form provided by the ISIA Education Foundation. No copies or outdated applications will be accepted.
- ◆ Each applicant may submit no more than one application per year; however, there is no limit to the number of applications that can be submitted by individuals from a particular facility or geographic area.
- ◆ Current post-secondary students may apply prior to starting their last academic year.
- ◆ All questions must be answered and be either printed in black ink or typed and all signatures affixed on the forms provided in order to qualify. Copies of the "Hours of Service" form will be accepted. When more than one form is used, total cumulative hours for all forms must be listed.
- ◆ Final selection will be made by the Trustees of the ISIA Education Foundation.
- ◆ Applicants will receive written notification of their results.
- ◆ All awards must be applied toward the academic year starting in the same calendar year the recipient is approved by the Board of Trustees and will be pro-rated over the length of the degree program in which the recipient is enrolled up to a maximum of four (4) consecutive years.
- ◆ The award will be sent directly to the accredited college, university, or technical school, in the United States of America, where the recipient will do his or her undergraduate work. The award will be paid only for undergraduate courses for students carrying at least the minimum number of credit hours necessary to be a full-time undergraduate student.
- ◆ Recipient(s) must use the scholarship award as stated in the guidelines.
- ◆ Award recipient(s) must furnish the following information to the ISIA Education Foundation by June 15, 2018: exact name and address of the school selected/accepted, registration date and an individual photograph. Failure to furnish this material by June 15 could result in the forfeiture of the award and the subsequent awarding of the scholarship to an alternate applicant.
- ◆ Applications will only be considered once. All applicants may re-apply for subsequent award periods by submitting another complete application package.
- ◆ All selections are considered final. All applications and attachments become the property of the ISIA Education Foundation.

## Criteria

- ◆ Applicant must have completed at least three (3) years of high school or equivalent, with a minimum 3.0 grade point average (based on a 4.0 system) during the last two (2) years.
- ◆ Applicant must submit an official transcript including grades through the last reporting period prior to application and an official recording of SAT/ACT scores, to the ISIA Education Foundation.
- ◆ Applicant must be a current Individual or Professional member of the Ice Sports Industry (ISI) and have been for a minimum of four (4) years.
- ◆ Applicant who is a teacher or instructor must be a current Professional member of the ISI, teaching the ISI program at an ISI Administrative member (rink or club). Instructor status must be verified by an ISI Administrative member.
- ◆ Applicant must have participated in the ISI Ice Skating Programs at an ISI Administrative member (rink or club) program for a minimum of four (4) years. Applicant must have participated in ISI group classes or ISI-endorsed competitions within the last two (2) years.
- ◆ Applicant must have completed 120 hours of volunteer service, of which at least 60 hours must be in association with an ISI member facility. Service may be from more than one location. Credit for service hours will be given for service rendered from age 13 and up. (Hours of Service - Verification Form may be duplicated if necessary.)
- ◆ Applicant must submit two (2) evaluation forms. One evaluation must be from the supervisor at the site where a majority of the service hours took place and the second from an adult not associated with ice skating and not a relative of the applicant. In addition, one letter of recommendation may be included with the application.
- ◆ Application must be accompanied by a statement of 500 words or less, typed by the applicant explaining "Why I should receive an ISIA Education Foundation Scholarship."
- ◆ Applicant's community service, community service awards, education awards and recognition, educational goals, and competitive ice skating experience will be considered in the screening and selection process.
- ◆ Applicant must enroll and carry the minimum number of credit hours necessary to be a full-time undergraduate student. Graduate students are not eligible.
- ◆ Application, including all required forms and information, must be postmarked by February 1, 2018 in order to be considered for an award for the 2018-2019 academic year.
- ◆ All applications are to be sent to:  
Scholarship Application  
ISIA Education Foundation  
6000 Custer Road, Bldg 9  
Plano TX 75023



**ISIA EDUCATION FOUNDATION FOUR-YEAR SCHOLARSHIP APPLICATION**

**Scholarship Awarded for 2018-2019 Academic Year  
Application Deadline – February 1, 2018**

Applicant: Please complete all sections of this application. Type or print using black ink. Use N/A if question does not apply. Appearance and completeness will be considered during evaluation. All sections must be completed in order for application to be considered. Application must be postmarked by February 1, 2018.

MAIL TO: ISIA Education Foundation, 6000 Custer Road Bldg 9, Plano TX 75023-5115

**I. PERSONAL**

- A. Name: \_\_\_\_\_  
B. Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
C. Phone Number: \_\_\_\_\_ D: Email: \_\_\_\_\_  
E. Birth Date: \_\_\_\_\_ F. Social Security Number: \_\_\_\_\_  
G. Parent/Legal Guardian Name: \_\_\_\_\_  
H. Address, if different from item B: \_\_\_\_\_

**II. EDUCATIONAL BACKGROUND**

- A. High School \_\_\_\_\_ B. Date/Expected Date of Graduation: \_\_\_\_\_  
C. Street Address/City/State/Zip: \_\_\_\_\_  
D. If Senior, List Counselor's Name: \_\_\_\_\_  
E. Cumulative High School Grade Point Average (last 2 years): \_\_\_\_\_ Based on a \_\_\_\_\_ Point System  
Rank in Class \_\_\_\_\_ / \_\_\_\_\_ (Official Transcript must be sent to ISIA Education Foundation)  
F. Aptitude Test Scores:  
ACT: (Composite) \_\_\_\_\_ SAT: (Reading) \_\_\_\_\_ (Math) \_\_\_\_\_ (Written) \_\_\_\_\_ (Total) \_\_\_\_\_  
Official form must be sent to ISIA Education Foundation.  
G. School you plan to attend: \_\_\_\_\_  
H. Are you presently enrolled in school other than high school? \_\_\_\_ If yes: \_\_\_\_\_  
I. Degree you plan to obtain and/or course of study: \_\_\_\_\_  
J. Name of School: \_\_\_\_\_  
K. Address: \_\_\_\_\_  
L. Major: \_\_\_\_\_ GPA \_\_\_\_\_ (Official Transcript must be sent to ISIA Education Foundation)  
M. Student Activities: On a separate sheet, list the activity and the number of years in which you participated  
N. Awards/Honors: (please list singly – use additional sheet, if necessary)

**III. ICE SKATING BACKGROUND**

A. Facility(ies) where skated: \_\_\_\_\_

B. Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

C. Phone number: \_\_\_\_\_ D. ISI number: \_\_\_\_\_

E. Number of years ISI member: \_\_\_\_\_ F. Are you an ISI Professional member? \_\_\_\_\_

If yes, member number: \_\_\_\_\_ Number of years: \_\_\_\_\_

G. ISI Test Levels passed and registered with the ISI office – Please mark highest level passed.

Level	1	2	3	4	5	6	7	8	9	10
Freestyle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Figures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H. ISI National Competitions: Please mark each competition

Year	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005
Winter Classic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synchro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conference Champs		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>					
Worlds		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Artistic/Holiday		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
District Champs		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On a separate sheet list the name of the competition (NOT shown) and the year in which you participated. You do not need to list the events entered or the results.

Example: Annual ISI Spring Competition Fairfax, VA 2014-2016  
Sweetheart Open St Louis, MO 2017

I. Other skating background in addition to ISI classes and competitions (if any): \_\_\_\_\_

J. Facility Mgr. or Skating Dir. Signature: \_\_\_\_\_

**IV. PROFESSIONAL EXPERIENCE (If applicable)**

A. Facility(ies) where taught: \_\_\_\_\_ Phone number: \_\_\_\_\_

B. Number of teaching years: \_\_\_\_\_

C. Are you an ISI Certified Judge: \_\_\_\_\_ If yes, at what level: \_\_\_\_\_

**Applicant Name:**\_\_\_\_\_

**V. NON-SKATING/NON-SCHOOL ACTIVITIES**

On a separate sheet list Club Memberships, Community Organizations, Volunteer Activities etc. not listed elsewhere on application. In addition to the name of the activity please list frequency of participation.

Examples:        Sunday School Teacher, 2 hrs per week Jan. 2016-Present  
                    Church Food Pantry, 8 hrs per month Jan. – Aug. 2017  
                    Volunteer at State Conservation Area, 4 Hours 1 Time

**I certify that the information submitted in this application is true and accurate, to the best of my knowledge. I agree to abide by the decision of the Board of Trustees in connection with this application.**

\_\_\_\_\_  
**Applicant's Signature**

/ \_\_\_\_\_  
**Date**



**APPLICANT EVALUATION FORM**  
**Scholarship Awarded for 2018-2019 Academic Year**  
**Application Deadline – February 1, 2018**

Name of Applicant: \_\_\_\_\_  
Last First MI

The above named person is applying for an ISIA Education Foundation Scholarship. Your evaluation is important in considering this application, and we encourage you to explain your ratings fully. All comments will remain confidential and will be used for evaluation purposes only.

Applicant is responsible for submission of all required forms by February 1, 2018. Complete (type or print in black ink) and return to applicant sealed in the attached envelope.

Name of Evaluator \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ How long have you known the applicant? \_\_\_\_\_

Furnish information on the nature and frequency of your contacts and observation of the applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EVALUATION OF SOCIAL AND PERSONAL TRAITS

Please rate each characteristic listed, using a scale of 1 to 10. Use N/A if not applicable. Use the reverse side of this form to make comments about the applicant. All "Superior" ratings require an explanation.

	Below Average			Average		Above Average			Superior	
	1	2	3	4	5	6	7	8	9	10
Cooperation										
Courtesy										
Dependability										
Industriousness										
Initiative										
Job Performance										
Leadership										
Maturity										
Personal Appearance										
Self-Control										

Using the reverse side of this form, please give your opinion of the applicant's ability to achieve excellence.

\_\_\_\_\_  
 (Signature of Evaluator)

\_\_\_\_\_  
 (Date)



**SCHOLARSHIP APPLICANT  
SERVICE HOURS - VERIFICATION FORM**

(One sheet required per location of service - Please machine copy form if needed.)

Name of Applicant \_\_\_\_\_

Service Location \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State Zip

Supervisor \_\_\_\_\_

DATE	JOB PERFORMED	VOLUNTEER HOURS	VERIFIED
TOTAL HOURS THIS PAGE			
TOTAL HOURS BROUGHT FORWARD			
TOTAL HOURS			

I verify that the hours stated are accurate, to the best of my knowledge.

\_\_\_\_\_  
(Facility Manager/Supervisor's Signature) (Date)