

# Wichita Figure Skating Club



## Stipend Eligibility Form



Today's date: \_\_\_\_\_ Amount of Refund Requested \$ \_\_\_\_\_

Skater's Name: \_\_\_\_\_ USFSA # \_\_\_\_\_

Parent Name: \_\_\_\_\_ USFSA # \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

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

Did this skater compete at the annual Wichita Mid-Continent Classic Competition or National Showcase (the same weekend)? Yes  No

Did this skater volunteer at the annual Wichita Mid-Continent Classic Competition, or another approved club function? Yes  No

Were annual Club dues paid in full and on time (by July 1<sup>st</sup>)? Yes  No

Are ordinals attached as proof of participation? Yes  No

I do hereby promise that the information on this form has been reported truthfully.

Skater Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICIAL USE ONLY

WFSC Treasurer Signature \_\_\_\_\_ Date \_\_\_\_\_

WFSC President Signature \_\_\_\_\_ Date \_\_\_\_\_

Information verified? Yes  No  Amount Refunded: \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Date Mailed \_\_\_\_\_