

# USA Gymnastics Region 3 Academic Scholarship Application

Please print clearly or type

Name \_\_\_\_\_ USAG # \_\_\_\_\_

Address \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Birth date \_\_\_\_\_

Day time phone number \_\_\_\_\_ Evening \_\_\_\_\_

E-mail Address: \_\_\_\_\_

High School \_\_\_\_\_ Year graduated \_\_\_\_\_ GPA \_\_\_\_\_

Undergraduate institution (include city and state) \_\_\_\_\_

Team Affiliation: \_\_\_\_\_

Current competitive levels: Tu \_\_\_\_\_ Tr \_\_\_\_\_ Dmt \_\_\_\_\_

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

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Scholarship applications must be submitted no later than April 10, 2011 in order to be considered for scholarships given at the 2011 regional championships. (Please mail return receipt request to verify delivery)

Send all applications to

Patti Conner

Region 3 Director

7401 Topeka

Lubbock, Texas 79424

I \_\_\_\_\_ as the head coach of the affiliated member club listed above do hereby  
(head coaches)  
certify that the athlete requesting funds is not currently in any default of payment or dues to the USAG Region 3  
member club listed as the affiliated club on this request.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Gym Email address: \_\_\_\_\_



Salary/wages (yearly) \$ \_\_\_\_\_

Loans for this school year \$ \_\_\_\_\_

Scholarships awarded for this school year \$ \_\_\_\_\_

Other Income Including income from parents \$ \_\_\_\_\_

Total Income \$ \_\_\_\_\_

8. Expense information per academic year – Please explain details in the allotted space.

Tuition & Fees per semester \$ \_\_\_\_\_

Housing per year \$ \_\_\_\_\_

Board per year \$ \_\_\_\_\_

Other Expenses \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

**Application without the following documents will not be considered**

- Receipts indicating full time student status
- Documentation providing GPA
- Last competition results
- Results from the last two regional championships showing eligibility

**For Office Use Only**

Date application received \_\_\_\_\_

Action taken \_\_\_\_\_ Date \_\_\_\_\_

Total amount awarded \_\_\_\_\_

I \_\_\_\_\_ as the head coach of the affiliated member club listed above do hereby  
 (head coaches)  
 certify that the athlete requesting funds is not currently in any default of payment or dues to the USAG Region 3  
 member club listed as the affiliated club on this request.

Signature

Date

Gym Email address: \_\_\_\_\_