

Rhythmic Education Award

APPLICATION GUIDELINES AND INFORMATION

Please read and follow all instructions carefully.

Send completed application to:

**Rhythmic Education Fund
732 Sunshine Dr
Los Altos, CA 94024**

The *Rhythmic Education Award* is administered by the *Rhythmic Education Fund* and is presented annually at a gymnastics competition. The Fund is currently supported solely by private contributions and is established to acknowledge the tremendous amount of dedication and sacrifice of the athletes to participate in this very unique and beautiful female Olympic sport of Rhythmic gymnastics.

The amount of the award is dependent upon availability of funds and will be not less than \$ 500. Award will be made out directly to the educational institution of acceptance.

For more information about the fund or how you can help support it, write to the address above.

Eligible athletes are those who are

- Currently competing, graduating high school seniors
- Have competed in rhythmic gymnastics for at least 5 years
- Applied to an institution of higher learning
- Have maintained an overall Grade Point Average of at least 3.0

Applicants must submit completed application forms ASAP

- **No later than May 31 of the granting year**
- Include a photograph of oneself
- Include the coaches recommendation form submitted in a sealed envelope
- Personal Statement , ATTACH HIGH SCHOOL TRANSCRIPT

If selected you must designate the educational institution to receive the funds by no later than 18 months from the date of your selection.

All applicants will be notified of the winning entry.

Rhythmic Education Award

732 Sunshine Dr., Los Altos, CA 94024

Tel/Fax (650) 961-2483

APPLICATION FORM

To be completed by all applicants. Be sure to read the attached guidelines before filling out the application.

Personal Information *(Please Print)*

Name: _____

Parent's Name: _____

Mailing Address: _____

Phone: _____ Fax _____

Email: _____

Social Security Number: _____ - _____ - _____ Birthdate: _____ - _____ - _____

USAG Number: _____

Club you are training with: _____ Level _____

Coach Name: _____

Address: _____

Education

I graduated or will graduate from high school Date: _____

I received a GED Date: _____

I took the High School Proficiency Exam Date: _____

List all high schools attended, beginning with the most recent. , ATTACH H.S. TRANSCRIPTS.

Name / Address of school

Year attended

_____	_____
_____	_____
_____	_____

What school are you planning to attend next school year? (Name college you are most likely to attend.) _____

What is your intended major / Field of study? _____

➤ **Rhythmic Experience:**

List all clubs and coaches that you have trained with. Begin with the most recent.

➤ **Rhythmic Honors and Achievements:**

List your gymnastics accomplishments

Authorization and Certification

I understand that it is my responsibility to read, understand and fill out this application accurately and completely and comply with all deadlines.

I understand that my name will not be entered in the draw if my application is incomplete and/or purposely misleading or inaccurate.

I authorize school, USA Gymnastics or other pertinent officials to release to the Rhythmic Education Fund, information pertaining to my academic or gymnastic record. This information is to be used solely for the purpose of determining my eligibility for the Rhythmic Education Fund program.

I authorize the Rhythmic Education Fund to use my name and likeness for the purpose of publicity, community relations, and program evaluation.

Applicant's Signature

Date

Parent's Signature

Date

➤ **How do you picture yourself in 5 years ?**

➤ **What qualities do you see in yourself that help you succeed in gymnastics, education, and life?**

➤ **What challenges have you experienced as an athlete and going to school? How have you overcome these?**

➤ **Are there any special circumstances or other information that you would like us to consider in evaluating your application?**

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RECOMMENDATION FORM

*To be completed by the athlete's coach, enclosed in a sealed envelope and included with the application.
Use additional paper if necessary.*

Name of athlete recommended for scholarship

Date

Coaches Name: _____

Address: _____

Email: _____

Phone: _____

➤ How long have you known or worked with this athlete? At what level?

➤ What notable qualities does she have?

➤ Would you like to share any memorable moments you may have had with this athlete?

➤ What makes her deserving of this award?