

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

