



## Southern Eastern Great Lakes Figure Skating Council Sportsmanship Award

**Purpose:** *To encourage the development of good sportsmanship, strong character, and leadership, as a role model for fellow skaters.*

The Southern Eastern Great Lakes Figure Skating Council (SEGL) awards a \$200.00 scholarship to the council member best exhibiting the following qualities:

- \* Leadership
- \* Industrious
- \* Academic performance
- \* Concern for others
- \* Sportsmanship
- \* Perseverance
- \* Spirit
- \* Coachability

Each SEGL member club may submit one candidate per year for consideration. The winner will be announced at the SEGL Annual Meeting and Awards presentation will take place Saturday evening at the close of events.

### ***Application Procedure***

1. A club representative must submit a letter describing their candidate and how they demonstrate the qualities stated above.
2. Include a letter of recommendation from the skater's coach.
3. The skater is to submit an essay on what skating means to him/her.

4. Complete questionnaire, signed by parent or guardian.
5. All applications must be in by December 1.

**Criteria**

Applicant must be a current registered USFSA member of a SEGL members club in good standing.

Applicant is not required to have competed in SEGL Invitational Competition. However, previous participation may weigh heavily in the selection process.

Southern Eastern Great Lakes Figure Skating Council

Sportsmanship Award

Date \_\_\_\_\_ USFSA # \_\_\_\_\_ Club \_\_\_\_\_

Applicant's Name \_\_\_\_\_

DOB: \_\_\_\_\_

Permanent Address:

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

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

School Name:

School Address:

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Street City State Zip

Please list any SEGL Invitational Competitions you have skated in stating the year and level:

State any qualifying competition in which applicant competed:

(Example: 2008 EGL Juvenile 6th place)

List club volunteer hours:

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Activity Hours per month

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Activity Hours per month

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Activity Hours per month

Highest test passed :  
Moves in the Field:

Date Passed:

Freestyle:

Date Passed:

Dance:

Date Passed:

Pairs:

Date Passed:

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**I attest that the activity, test, and competition information filled out by the applicant is accurate and true to the best of my knowledge.**

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Club officer's signature (President, Vice President, Secretary, or Treasurer) Date

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**Affirmation: Under penalty of forfeiture of any funds that may be awarded under this scholarship, I certify that the information provided is complete and accurate to the best of my knowledge.**

Applicant's Signature:

Date: \_\_\_\_\_

Parent or Legal Guardian Signature:

Date \_\_\_\_\_

Please keep a copy and return the original to:

***Southern Eastern Great Lakes Council***

***Sportsmanship Award***

***Marcia Chaffee***

***6600 Autumn Glen Drive***

***West Chester Ohio 45069***

**[tchaf73082@aol.com](mailto:tchaf73082@aol.com)**