



**ORTONA GYMNASTICS CLUB  
SCHOLARSHIP PROGRAMME  
APPLICATION PACK**

**2006 – 2007**

"Gymnastics is the foundation for all sports and the ultimate human movement experience. It promotes self-esteem, self-discipline, and forms the healthy foundation for an active lifestyle."

For more information contact:

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## **Welcome**

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Ortona Gymnastics Club supports the development of talented athletes by providing fee scholarships to children who, without this financial assistance would not be able to participate in Ortona's Competitive Gymnastics Program.

## **The Programme**

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Scholarships will be awarded on the basis of need. Recipients are required to pay a portion of the fees according to the ability to pay.

Once a scholarship recipient is registered for a program, participation in the full program session is required. Withdrawal from the program for any unexcused reason will result in scholarship ineligibility for one year.

For multiple family participants, an application must be completed for each proposed scholarship applicant.

All information provided in the Scholarship Applicant is confidential and will not be released to others.

## **Eligibility**

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To apply for the Ortona Gymnastics Scholarship, athletes must fulfill the eligibility criteria listed below:

- Athlete must attach a coach/teacher's recommendation;
- Athlete must be age 16 or younger;
- Commitment to attend a minimum of 80% of scheduled training;
- Participation by a family member in obligatory bingos and services based on number of training hours as per Fee Schedule of the contract year;
- Application must be completed by a parent, guardian or head of household, with all requested information provided (incomplete applications will not be considered).

Priority will be given to eligible youth meeting one or more of the criteria below:

- Member of a multi-child family;
- Living in a single parent home;
- Written recommendation by school counselors, social workers, youth community center workers, or other social services representatives.

## **Selection**

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Deadline for application is June 30, 2006.

Applicants are accepted on an annual basis and are selected by the Sport Scholarship Committee consisting of President of Board of Directors, Competitive Program Coordinator, Gym Coordinator.

Scholarship applicants will be reviewed and applicants will be notified of the availability of funds by September 1, 2006.

Funding will be available to the successful applicant for the upcoming competitive contract session only (July 1, 2006 – June 30, 2007).

Ortona Gymnastics Club reserves the right to limit the number of scholarships to two per program session and to decline funding for those applicants who do not meet the Scholarship Program requirements.

## **How to Apply**

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Interested athletes must send the completed Scholarship Application form, together with a:

- Coaches Recommendation
- Financial Reference (i.e. Social Worker, School Principal or Counselor, Public Health Nurse, or a Senior Recreation Administrator). The Reference will be contacted to confirm the financial situation of the applicant.
- And any other information which you consider suitable to support this application (i.e. Teachers Recommendation, National Governing Body Recommendation) to:

Ortona Scholarship Program  
C/O Bonnie McEwen  
Ortona Gymnastics Club  
8755 – 50 Avenue  
Edmonton, AB T6E 5H4

The closing date for receipt of application forms for the 2006 – 2007 Scholarship Program is June 30, 2006.



## ORTONA GYMNASTICS CLUB SCHOLARSHIP APPLICATION FORM

Please complete the following information, one application per child:

**DATE:** \_\_\_\_\_

NEW APPLICANT  RENEWAL APPLICANT

### PERSONAL DETAILS:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family's Address: \_\_\_\_\_  
Street City Prov. Postal Code

Email: \_\_\_\_\_

Number of Adults in the Home: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

### Family Status (Names):

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_
2. \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_
3. \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_
4. \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_
5. \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Have you previously been in a gymnastics competitive program?  Yes  No

Where? \_\_\_\_\_

**OTHER INFORMATION:**

Outline how a scholarship could assist you to achieve excellence in gymnastics:

What are your short term and long term goals in gymnastics:

Short Term

Long Term

Please outline your financial and/or volunteer commitments as they relate to gymnastics:

Thank you for your interest in Ortona Gymnastics Scholarship Program. Please complete all sections. Incomplete forms will not be accepted.

Please send the completed Scholarship Application form, together with a:

- Coach/Teacher's Recommendation
- Financial Reference (i.e. Social Worker, School Principal or Counselor, Public Health Nurse, or a Senior Recreation Administrator). The Reference will be contacted to confirm the financial situation of the applicant. Please note: all information will be handled with the utmost confidentiality.

Reference Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

- And any other information which you consider suitable to support this application (i.e. Teachers Recommendation, National Governing Body Recommendation) to:

Ortona Scholarship Program  
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Ortona Gymnastics Club  
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