



USA GYMNASTICS®



Dear Applicant,

Thank you for your interest in the Region 4 Trampoline and Tumbling Scholarship. It is our pleasure to offer you this opportunity to pursue your academic goals while continuing to pursue athletic excellence in our sport. A portion of the room rebates from the Region 4 Championships funds this scholarship.

Eligibility for Scholarships

All athletes must have competed within the region for one full season prior to funds being available. A Season includes: prior year's Regional Championships, 2 eligibility meets, (2 of the following: State Meet, Winter Classic, Elite Challenge, Stars & Stripes), Region 4 Championships, and Nationals. After doing this, funding will be available.

Must have participated at Regional Championships in order to receive funding. If an Elite athlete chooses not to compete at Regional Championships due to injury or upcoming competition, they must still attend the Region 4 Championships and participate by Judging, Handing out Awards, or Volunteering. The only exceptions will be: athletes that are attending an international competition to earn points for National team and family conflicts such as sibling or parental weddings will be considered on a case-by-case basis WITH NOTIFICATION PRIOR TO REGIONALS AND PRIOR APPROVAL OF NON-PARTICIPATION BY THE BOARD. Medical excuses and other activities will not be accepted.

If an athlete leaves the region and returns, they must compete within the region for a full season in order to be eligible for travel grants.

Academic Funding Criteria:

Must meet all Eligibility Requirements listed above.

Athlete must be 17 year or older

Student at an accredited college or university.

Athlete must be competing at the time of the award (½ of the award will be sent for fall semester and ½ for the spring semester)

GPA 2.5 or higher

Athlete must be Level 10 or higher

Please complete the application form and provide the following to be considered for a Trampoline and Tumbling scholarship: (may be copies of those used for USA Gymnastics Application)

A two/three-page essay written in formal paragraph form. Spelling and grammar will be considered in selecting the top essays. Style and creativity will also be taken into account. This essay should describe **academic** goals, **career** goals, **athletic** goals, impact of the sport, etc. Include any other extracurricular activities, athletic or academic, volunteer work, etc.

Letter(s) of recommendation: At least one letter of recommendation from each of the following:

- A USAG member not affiliated with your team.
- A letter of recommendation from an academic source, i.e. teacher, professor, counselor, etc.

Previous two years academic transcripts.

Upon completion of the application, scan all documents required above and email to usagttregioniv@gmail.com . Applications that are incomplete or received after the **April 1** deadline will not be considered.

Please email Region 4 Chairs at usagttregioniv@gmail.com to receive a MS Word version of the application or use the PDF writeable version (National Office T&T Scholarship form) on the USA Gymnastics website.

Region 4 TRAMPOLINE AND TUMBLING SCHOLARSHIP APPLICATION

NAME: _____

USA Gym#: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

SSN: _____ DOB: _____

PHONE (DAY): _____ PHONE (EVENING): _____

Email: _____

HIGH SCHOOL (include city and state): _____

Year Graduated: _____ G.P.A. _____

UNDERGRADUATE INSTITUTION: _____

Major: _____ Expected Graduation Date: _____ G.P.A. _____

Full Time (> 12 credit hours) Part Time (< 12 hours)

GRADUATE INSTITUTION: _____

Major: _____ Expected Graduation Date: _____ G.P.A. _____

CURRENT COMPETITION LEVEL:

TRAMPOLINE _____ DMT _____ TUMBLING _____

NATIONAL/INTERNATIONAL EVENT COMPETITION RESULTS LAST TWO YEARS:

Name of Competition, Place on each event competed, level of each event competed.

(Include additional pages as needed)

STATEMENT OF FINANCIAL NEED

Please note: If awarded any scholarship, you will be asked to submit your most recent tax forms (W2's) to verify your income information. If you leave a blank, if it is in your best interest to explain why in the space provided, attach extra pages if necessary. Please also explain any special circumstances, such as multiple students in college, medical bills, or any other situation that would assist the panel to understand your financial need.

Income

Student's Wages/Salary (Current year W2 & 1099): _____

Academic Loans: _____

Scholarships: _____

Organizations scholarships come from?

Other Income: _____

Do you receive monthly funding from USA Gymnastics? yes no

Amount: _____

Total Income: _____

Expense

Tuition and Fees: _____

Per Credit Hour: _____

Fees: _____

Housing (annualized): _____

Board (Food/Utilities if not including in housing cost): _____

Transportation: _____

Training (annualized): _____

Competition (annualized): _____

Other expenses (cell phone, school supplies, books, etc.):

Total Expense: _____

The application is only appropriate for the current year's Deadline. All Scholarship Award money must be used in the school year after the award is presented or it is subject to forfeit. The application must be in the Region 4 office on or before April 1. Any incomplete applications will not be considered for scholarship. ALL APPLICATIONS MUST BE TYPED. Handwritten applications will not be accepted.

1. I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief, and I authorize Region 4 USA Gymnastics to investigate all statements or other information contained in this application form and any attachments submitted with it.
2. I understand and agree that any misrepresentation, falsification or material omission of information on this application may result in failure to receive a scholarship.

SIGNATURE _____

DATE _____

PARENT/GUARDIAN (if under 18 years old) _____

DATE _____

If you are chosen as a scholarship winner, the money will be sent directly to your college or University. Please provide the following information so we know where to send the funds. If this information is not provided, we will not be able to send payment.

University Name: _____

Your Student ID: _____

Account number if that is needed for payment: _____

What office at the University handles outside scholarships?

Who is the contact in that office?

Name: _____

Phone number: _____

Email address: _____

University address to send payment to:

Any Additional Information that we may need to include with payment:

Please attach a copy of the University's W-9.