



Ice Bridges Program Application

Eligibility

Applicants for the Ice Bridges Program must meet the following criteria:

- **AGE:** 17 years of age or younger
- **RESIDENCE:** Nine-county San Francisco Bay Area, which includes Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma
- **FINANCIAL HARDSHIP:** Family income that does not exceed the San Francisco Bay Area county-specific low-income guidelines
- **SKATING EXCELLENCE:** Proven ability/talent as quantified by tests passed within a certain timeframe and placements in competitions, as assessed by a Coach-Advisor
- **DEDICATION:** Hours spent practicing on-ice and attitude when working through difficult skills, as assessed by Coach-Advisor
- **ACADEMICS:** Attend school and maintain a grade point average of 2.5 or above
- **MEMBERSHIP:** Current member in good standing of a Skating Club in the Nine-county San Francisco Bay Area and of United States Figure Skating
- **DOPING:** Zero tolerance for taking or attempting to take steroids or any other performance-enhancement drugs

Ice Bridges strongly encourages applicants from a diversity of backgrounds. Ice Bridges does not discriminate on the basis of color, creed, disability status, gender identity, national origin, race, religion, gender, or sexual orientation.



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Checklist

Ice Bridges applications will be accepted in a “rolling admissions” fashion – there are no specific deadlines. Applicants and their parents/guardians are responsible for providing the following to the Ice Bridges Board of Directors:

- ✓ Completed application form
- ✓ Proof of San Francisco Bay Area residence (utility bill with name/address or equivalent)
- ✓ Proof of income from parent/guardian (federal tax return, pay stub or equivalent)
- ✓ Letter of support from a skating instructor
- ✓ Letters of recommendation from two (2) people not involved in skating who are familiar with but not related to the applicant (friend, school teacher, spiritual or religious leader, etc.)
- ✓ Copy of the most recent school grade report
- ✓ Proof of membership in good standing in a skating club in the San Francisco Bay Area
- ✓ Letter written by skater about why he/she wants to skate and his/her dreams about skating

Completed applications should be sent to:
Ice Bridges – Program Application
P.O. Box 77773
San Francisco, CA 94107

Applications will be reviewed by the Ice Bridges Board of Directors on a quarterly basis, and applicants will be considered for admission to the program only if all of the above application materials are submitted, completed in full. The Coach-Advisors will then be required to complete their report prior to the final acceptance of an applicant. Finalists will also be required to be present for an in-person interview by members of the Board of Directors as part of the application process. A parent/guardian may also be interviewed. Decisions will be based on a thorough assessment of all applications by Ice Bridges. All decisions will be made by the Ice Bridges Board of Directors and will be final. Furthermore, any perceived or actual conflict of interest will be minimized at all stages of the application process.

Ice Bridges' unwavering intent is to focus on the skater. Program participants are eligible to receive support beyond one year. To receive subsequent support, the skater and his/her parent/guardian will be required to complete a streamlined Reapplication Form and submit updated materials, including proof of residence, income, current membership in a Skating Club, copies of the skater's latest school grade report, and documentation from the recipient's Skating Instructor that they remain in compliance of all aspects of their role.



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Skater's Information

Skater's Name _____ Age _____ Birthdate ____ / ____ / ____

Street Address _____ City _____

State _____ Zip _____ Home Phone # _____

Skater's Mobile# _____ Skater's Email _____

Parent 1's Mobile # _____ Parent 2's Mobile # _____

Parent 1's Email _____ Parent 2's Email _____

Does the skater live with both parents? ____ Yes ____ No

IF NO, PLEASE COMPLETE THE FOLLOWING:

If not, with whom? _____

Is this person the legal guardian? ____ Yes ____ No

Street Address _____ City _____

State _____ Zip _____ Home Phone # _____

Mobile # _____ Email _____

Does the skater receive monetary assistance with skating bills from this person? ____ Yes ____ No

IF YES, PLEASE COMPLETE THE "ASSISTANCE" SECTION BELOW

Parent or Guardian's Information

Parent/Guardian#1 _____ Parent/Guardian#2 _____

Employer _____ Employer _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Phone # _____ Phone # _____

Assistance (please complete if you are receiving monetary assistance for skating)

Do you pay this person for your room, meals, utilities, clothing, etc.? ____ Yes ____ No

Amount you receive per month from this person to be applied to skating costs _____

Please initial that all of the above is true and correct _____ Date _____



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Competition Information

Skater's Name _____

Test Record

Highest Test Passed Freestyle _____ Date _____
 Moves-in-the-Field _____ Date _____
 Pairs _____ Date _____
 Dance _____ Date _____

Competition Record

Competition Name _____ Place _____ Date _____
(list 5) _____ Place _____ Date _____
 _____ Place _____ Date _____
 _____ Place _____ Date _____
 _____ Place _____ Date _____

Have you ever qualified for a Sectional- or National-level competition? _____ Yes _____ No
IF YES, please list the following:

Competition Name _____ Date _____ Location _____
Competition Name _____ Date _____ Location _____

Did you ever decline to attend a Sectional- or National-level competition for which you had qualified?
_____ Yes _____ No IF YES, why did you decide to decline to participate?

Please initial that all of the above is true and correct _____ Date _____



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Financial/Residential Information

TO BE COMPLETED BY PARENTS OR LEGAL GUARDIAN. *All information will remain confidential.*

Skater's Name _____

Parent's/Guardian's Name _____

How long have you lived in the San Francisco Bay Area? _____

Where was your previous residence located (city, state)? _____

Do you own or rent? _____ Monthly payment _____

[Please supply a recent copy of a utility bill showing your name and the address where you live.]

Please list your total monthly income from all sources _____

Is any of this income derived from the state (other than as a state employee)? _____ Yes _____ No

How many persons are living at your residence? _____

Are any of these, other than the applicant, competing in a sport? _____ Yes _____ No

IF YES, please list them:

Name	Relationship to Skater	Sport
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#1	_____	_____
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#2	_____	_____
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#3	_____	_____
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Are you the sole provider of skating funds for the applicant? _____ Yes _____ No

IF NO, what is the name of the person who provides the funds? _____

May we contact them? _____ Yes _____ No Phone number _____

Skater's Training

Instructor(s) Information

Coach's Name	Skill Taught	Cost per Lesson	# Lessons per Week
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#1	_____	_____	_____
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#2	_____	_____	_____
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#3	_____	_____	_____
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Off-Ice Skating Support (e.g. Sports Psychology, Sports Nutrition, Ballet, Pilates)

Professional's Name	Service/Skill Taught	Cost per Session	# Sessions per Week
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#1	_____	_____	_____
----	-------	-------	-------

#2	_____	_____	_____
----	-------	-------	-------

#3	_____	_____	_____
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Please initial that all of the above is true and correct _____ Date _____



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Skating Expenses

TO BE COMPLETED BY PARENTS OR LEGAL GUARDIAN. *All information will remain confidential.*

Skater's Name _____

At which rinks does the skater train? _____

How many hours per week does the skater train on his/her own? _____

What is the cost of ice time for each skating session? _____

In which skating club is the skater a member? _____

What is the annual fee of club membership? _____

Does the annual fee include the cost of club ice session time? _____ Yes _____ No

If no, does the skater skate the club ice session on a weekly basis? _____ Yes _____ No

What is the cost of the club ice session? _____

Please list below all ice skating-related expenses that you currently pay on average each year.

Type	Cost	Manufacturer/Designer (if applicable)
Boots & Blades		
Competition Fees		<i>Not Applicable</i>
Test Fees		<i>Not Applicable</i>
Competition Costume		
Competition Costume		
(Other: list item)		
(Other: list item)		
(Other: list item)		

Parent/Guardian Signature & Authorization

The signature below represents and warrants that (a) the information provided herein is true and accurate and (b) that the financial situation as of the date this document is signed is true and correct. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement.

By signing this form, I expressly authorize Ice Bridges to contact the supplied references to determine eligibility for subsidy awards toward my child's ice skating costs.

Signature of Parent/Legal Guardian _____

Date _____

Are you the parent? _____ Yes _____ No Are you the legal guardian? _____ Yes _____ No