



Penguin Figure Skating Club

320 East First Street ☞ Bethlehem, PA 18015 ☞ www.penguinfsc.com

LEONARD J. KLONITSKO Memorial Fund

The LEONARD J. KLONITSKO Memorial Fund was developed to provide financial assistance to skaters. Awards are based on financial need, skater contribution to the sport of figure skating, character and sportsmanship.

Requirements

- Applicant must be an eligible figure skater (or official) as defined in the current U.S. Figure Skating Rulebook.
- Applicant must be a member in good standing of the Penguin Figure Skating Club, which must be the applicant's home club.
- Applicant must be a member of the Penguin Figure Skating Club for a minimum of two (2) years.
- To qualify for competition expense assistance, a skating applicant must have passed the freeskate, moves in the field, dance, or synchronized skating tests necessary to enter the U.S. Figure Skating Regional qualifying events.

Application Mailing Address

This Application must be completed and mailed to the Penguin Figure Skating Club LEONARD J. KLONITSKO Memorial Fund Committee at the address below by **March 1st**.

Penguin FSC LEONARD J. KLONITSKO Memorial Fund Committee
320 East First Street
Bethlehem, PA 18015



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GENERAL INFORMATION

Instructions

- Type or print the application legibly.
- Sign and date the application.
- Include all required financial documents.
- Mail the completed application to the address on page 1.
- Direct any question to the LEONARD J. KLONITSKO Memorial Fund Committee by contacting the club president

Financial Documents

The following documents must be submitted with the application to be considered for financial assistance:

- Copy of adult applicant's or minor applicant's parents'/guardians' tax return for the most recent tax year
- OR**
- If adult applicant or minor applicant's parents/guardians did not file a current tax return, copies of W2(s), 1099(s) and other records of income must be submitted

All financial information will be kept strictly confidential.

Award Notification

All applicants will be notified by mail or email if they have qualified for financial assistance.

Grant Denominations

The maximum individual grant is \$300. Awards are totally dependent on available funds. There is no guaranteed funding for athletes.

Disclaimers

Race, gender, religion, age, and ethnic background are not considered in the selection of award recipients.

The selection of financial assistance recipients is determined by the Penguin Figure Skating Club LEONARD J. KLONITSKO Memorial Fund Committee.



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PART I.

GENERAL INFORMATION

Full Name

Last

First

MI

Permanent
Address

Street

City

State

Zip

Phone

Email Address

USFSA Number

Date of
Birth

Coaches Names

Number of Continuous Years as Penguin FSC Member _____

PART II.

ACADEMIC INFORMATION

Name of
School

School Address

Street

City

State

Zip

Grade

PART III.

COMPETITIVE HISTORY

Current Level
(Test passed)

Moves in the Field

Date

Free Skate

Date

Dance

Date



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List all volunteer involvement in Penguin Figure Skating Club and/or U.S. Figure Skating activities such as trial judging, officiating, committee member, etc. during the past two years:

<u>Activity</u>	<u>Hours/Month</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List all exhibitions, shows, awards and other skating achievements for the past two years:

<u>Description</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

PART IV.

ATHLETIC GOALS

What are your skating goals this year and in the future? What are you doing to achieve these goals?



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PART VI.

WEEKLY SCHEDULE

Provide a typical weekly schedule that includes school, skating and extracurricular activities.

PART VII.

FINANCIAL REQUEST INFORMATION

State the amount of financial assistance request and purpose:

Amount	Purpose
<hr/>	<hr/>
<hr/>	<hr/>

List your average monthly skating-related expenses for the applicant:

Coaching Fees	\$ <hr/>	Club Dues	<hr/>
Choreography Fees	<hr/>	Off-Ice Training	<hr/>
Camps	<hr/>	Dance Classes	<hr/>
Ice Time	<hr/>	Housing	<hr/>
Equipment	<hr/>	Transportation	<hr/>
Competition Travel	<hr/>	Food	<hr/>
Competition Attire	<hr/>	Other (specify)	<hr/>
		TOTAL	\$ <hr/>



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PART VIII. INCOME TAX RETURN INFORMATION

Adult applicant's most recent adjust gross income (see instructions).	\$ _____
Minor applicant's parents'/guardians' most recent adjust gross income	\$ _____
Total income from W-2(s), 1099(s) and other records of earnings; Applicant	\$ _____
Parents/Guardians	\$ _____
Applicant's and/or parents'/guardians' most recent untaxed income	\$ _____
Applicant's and/or parents'/guardians' household size	_____

PART IX. FINANCIAL SITUATION

Please outline your financial situation with respect to skating expenses, including circumstances affecting yourself and your immediate family (i.e., serious family illness, job loss, elderly parent care).

PART X. SKATING AND OTHER INCOME

Do/will you receive financial assistance from a private or commercial sponsor? If yes, please identify donor and state amount:

_____	\$ _____
Donor	Amount

Do/will you receive any financial assistance (grants, scholarships, trusts, gifts, etc.) from a private foundation or from a civic organization? If yes, please identify donor and state amount:

_____	\$ _____
Donor	Amount

Does the applicant contribute towards skating expenses: No
 Yes

If yes, please identify source of this income

<input type="checkbox"/> Baby/pet sitting	<input type="checkbox"/> Allowance
<input type="checkbox"/> Part-time/Full time job	<input type="checkbox"/> Other



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PART XI.

VERIFICATION OF AFFIDAVITS

I certify that the information provided is complete and accurate to the best of my knowledge. I also certify that I intend to compete during the current season and understand that any award I may receive is contingent on this active participation.

Applicant's signature

Date

Signature of Parent or Legal Guardian if applicant is
under 18 years of age

Date