



## United States Olympic Committee USOC 2002 Olympic Winter Games Legacy Scholarship

'09 Application Deadlines: May 1, 2009 November 1, 2009

**IMPORTANT:** Complete this application in its entirety. Both the United States Olympic Committee and your sport's National Governing Body will verify the information that you provide. Purposely giving false or misleading information will result in the denial of your scholarship request and prevent you from receiving future funding from the USOC.

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Street: \_\_\_\_\_ Day Phone:(\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_ Eve. Phone:(\_\_\_\_)\_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Are you a citizen of the United States of America? Yes  No

Are you a 2009 ('08 -'09) USOC Athlete Grant Recipient? Yes  No

Did you compete in the 2002 Olympic/Paralympic Winter Games? Yes  No

Did you compete in any Winter Olympic/ Paralympic Games? What year(s)\_\_\_\_\_ Yes  No

Are you currently training in Utah? Yes  No

Are you applying as a coach? Yes  No   
(If yes, please skip "Competition History" and complete the "Coach-Applicant" page along with the rest of the application.)

Have you received a 2002 Legacy Scholarship before? Yes  No

## SCHOOL INFORMATION

School Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Degree/Major: \_\_\_\_\_ Anticipated Date of Graduation: \_\_\_/\_\_\_/\_\_\_

Cumulative GPA: \_\_\_\_\_

What will your year in college be during the grant period for which you are applying?

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup> or more undergrad  Grad  Post-Grad

Total Semester Tuition Cost: \$ \_\_\_\_\_

Total Semester Room and Board Cost: \$ \_\_\_\_\_

Total Semester Books and Supplies Cost: \$ \_\_\_\_\_

Total Training Cost for Semester: \$ \_\_\_\_\_

Amount Requested for Scholarship Period: \$ \_\_\_\_\_

Will you be receiving any additional grants or scholarships for the scholarship period for which you are applying? Yes  No

If yes, please explain and list the details of the grant or scholarship(s) that you are receiving (i.e., full scholarship, partial scholarship), amount per semester and what the scholarship covers, (i.e., tuition, fees, books, housing, meals, etc):

## COMPETITION HISTORY

Indicate the competitions in which you participated by stating the best finish (1 for first place, 2 for second place, 3 for third place, etc) for each competition. **Do not use an X or check mark.** If you had multiple event results, please use footnotes to distinguish events.

Competitions	2002	2003	2004	2005	2006	2007	2008	2009	Other
Olympic Games									
Paralympic Games									
World Championships									
World Cup									
<i>Other – Please list below</i>									

## FINANCIAL NEED

Please complete Column 2 if you are included on your parent's or spouse's income tax return.

	<b>Column I <u>Athlete</u></b>	<b>Column II <u>Parent(s) or Spouse</u></b>
Gross annual income	\$ _____	\$ _____
Current cash, savings, checking	\$ _____	\$ _____
Real estate other than primary residence	\$ _____	\$ _____
Other investments or income (e.g., disability)	\$ _____	\$ _____
Total	\$ _____	\$ _____

## PERSONAL ESSAY

Please write a short essay on why you are applying for the USOC 2002 Olympic Winter Games Legacy Scholarship. Please include your plans as they relate to your education, career objectives, and long-term goals. Your essay should be no more than one to two pages, typewritten double-spaced, 10 point + font, on a separate sheet(s) of paper.

## TERMS AND CONDITIONS

In consideration of receiving any USOC funds, I intend and agree to:

For Active Athletes:

1. Commit myself to a program of preparation with the intent of qualifying for and competing in the next Winter Olympic or Winter Paralympic Games;
2. Submit to drug testing conducted by USADA, WADA, IOC, or the IPC, in accordance with the procedures for these bodies;
3. Applicants must be in good standing and comply with all United States Anti-Doping Agency (USADA) guidelines and procedures. For athletes on the USADA Out of Competition testing list, compliance includes keeping all Out of Competition Athlete Location Forms current and accurate;
4. Abide by the code of conduct established by my NGB and the USOC;
5. Provide the USOC, upon request, with any applicable information, including copies of my tax returns;
6. Athletes who are school-aged or college athletes are advised to check with their collegiate athletic department compliance officer to ensure that these funds will not jeopardize school or collegiate eligibility.

For Retired Athletes, I verify that:

1. I am not serving a doping violation nor do I have a lifetime doping ban;
2. I will provide the USOC, upon request, with any applicable information, including copies of my tax returns;
3. I will check with my collegiate athletic department compliance officer to ensure that these funds will not jeopardize school or collegiate eligibility, if I wish to maintain such eligibility.

For Coaches, I verify that:

1. I am willing to abide by the USOC Coaching Code of Ethics;
2. I have not assisted nor will I assist in any athlete doping violation;
3. I will provide the USOC, upon request, with any applicable information, including copies of my tax returns;

I affirm that the information provided in this application is accurate. I agree to provide the USOC with updated information should there be a change in information provided herein. If I am an active athlete, and I am not USADA compliant in terms of keeping all Out of Competition Athlete Location Forms current and accurate, I understand any USOC athlete grant may be withheld until I am fully USADA compliant.

I subject myself to termination of USOC funding if I violate any condition herein, if my competition status/rating/ranking changes, or if in the judgment of the USOC, any of my actions negatively impact the reputation of the USOC.

I have read and understand the conditions stated above, and agree to be bound by them.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature  
*(If Athlete is a Minor)*

\_\_\_\_\_  
Date



***At this point, please make a copy of your application  
and send the original to your NGB.***

**NGB CERTIFICATION**

By my signature below, I certify that the above-named applicant is in good standing with this NGB and is otherwise eligible and qualified to receive a tuition grant. I agree to notify the appropriate Sport Partnerships Team/Paralympic Staff member of any change in status that would render the applicant ineligible for funding. I further certify that I have reviewed this application and to the best of my knowledge, the information provided by the applicant, including information regarding NGB financial support, is complete and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

**COMPLETED APPLICATIONS MUST BE SUBMITTED  
ON OR BEFORE THE APPLICATION DEADLINE.**

UNITED STATES OLYMPIC COMMITTEE  
SPORT PARTNERSHIPS  
(U.S. PARALYMPICS for U.S. Paralympic Applicants)  
ATTN: LEGACY SCHOLARSHIP  
1 OLYMPIC PLAZA  
COLORADO SPRINGS, CO 80909