



**USA Judo Life Member Scholarship Program
Application for Athlete Assistance**

A. General Information

Name: _____
Last First Initial USJI Number

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Sex: _____ Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Marital status: _____ U.S. Citizen _____ yes _____ no

If not a U.S. Citizen but have applied for citizenship, what is the date you applied? _____

Number of dependents (other than self)? _____ Active Military _____ yes _____ no

Years of high school _____ Years of college _____ Degree _____

Major _____ Year graduated from college _____

Current Club Affiliation: _____

Club address: _____

Current Coach's name: _____

Miscellaneous (hobbies, interests, honors)

B. Ethnicity:

Your completion of this section, while voluntary, provides USA Judo with desirable information for statistical purposes. Your response will in no way affect your application for a grant. I am

_____ White _____ Black _____ Hispanic _____ Asian _____ Native American _____ Other _____

C. Competition Information

Major competition record for the past three years. Show placing (1st, 2nd, etc). If you competed, but did not place, use an "X". List any additional international events in which you competed.

Event	2006	2007	2008	2009
USA Judo Junior Olympics	_____	_____	_____	_____
Junior U.S. Open	_____	_____	_____	_____
USJA Junior Nationals	_____	_____	_____	_____
USJF Junior Nationals	_____	_____	_____	_____
USA Judo National High School Championships	_____	_____	_____	_____
NCJA National Collegiates	_____	_____	_____	_____
USA Judo Fall Classic	_____	_____	_____	_____

Nationals _____
 USA Judo Senior Nationals _____
 USA Judo U.S. Open _____

D. Statement

Provide a statement on a separate sheet explaining why you believe you should be awarded the grant for which you are applying. Specifically address (1) your situation of need, and (2) any compelling information that you feel would be important for the committee to know. The Life Member Scholarship Committee weighs heavily on an athlete's statement. Be sure to include it.

E. Tuition Information (where the funds are to be sent)

College: _____
 Office: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____
 Fax: _____
 What will be your year in college during the upcoming academic year?
 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ graduate _____
 Degree sought: _____
 Major: _____ Anticipated date of graduation: _____
 Tuition costs: _____

Term Credit Hours
 Summer _____
 Fall _____
 Spring _____

Are you currently receiving additional scholarships or financial aid?
 _____ Yes _____ No

If yes, what form(s) of financial assistance and, in what amount, do you receive?

F. Terms and Conditions

In consideration of receiving any funds from USA Judo, I intend and agree to

- (a) commit myself to a program of preparation with the intent of qualifying for the national roster
- (b) place myself under the guidance of a coach or program of training and competition approved by USA Judo
- (c) submit to drug testing conducted by USJI, USOC, or their assigns
- (d) participate in evaluation and testing programs conducted by USJI or USOC
- (e) abide for the code of conduct established by USJI and USOC for participation in events of the above mentioned bodies
- (f) abide by any separate terms and conditions for funding determined by USJI
- (g) provide the USJI, upon request, with participation and financial information, including copies of my tax returns
- (h) subject myself to termination of USJI funding if I violate any condition herein or if in the judgment of the USJI, any of my actions negatively impact on the reputation of the USJI and/or the USOC
- (i) accept and defer to the authority of the USJI if the USOC, the PASO, the IJF, the IOC and any properly constituted adjudicatory body, for any and all matters relating to my participation in programs, activities and event of these bodies, including all hearing and appeal procedures established by these bodies.

In addition, I hereby affirm that the information provided in this application is accurate.

Further, I understand my continuing obligation to provide the USJI with updated information should there be a change in information provided herein. I hereby affirm that any grant funds that have been or may be awarded to me will be used in accordance with the policies of this program.

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Athletes Signature

Date

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Parent's or Guardian's Signature if athlete is a minor

Date

REMINDER: Be sure you have attached a copy of your high school or college transcript, and receipts for college expenses to this application or otherwise documented proof of your upcoming year's tuition expenses.

NOTE: RETURN COMPLETED AND SIGNED APPLICATION TO:

USA Judo
Life Member Scholarship Committee
c/o Eddie Liddie
USA Judo
One Olympic Plaza Suite 505

Colorado Springs, CO 80909

APPLICATIONS MUST BE RECEIVED BY MARCH 15 FOR THE SPRING SEMSTER AND AUGUST 15 FOR THE FALL SEMESTER.