



**National Championship Officials Scholarship Application**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

	<b>Certification Level</b>	<b>Expiration Date</b>
LSC		
National (N2)		
National Championship (N3)		

Illinois Swimming, Inc. (ISI) Championship meets worked during the past 12 months: (Please provide meet, number of sessions and position(s) worked)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Served as a clinician at the following ISI Officials' clinics during the past year: (Please provide the date, location, & level)

\_\_\_\_\_  
\_\_\_\_\_

National Championship Meet for which you are requesting scholarship:

Name/Location: \_\_\_\_\_

Date(s): \_\_\_\_\_ Working all sessions? \_\_\_ Yes \_\_\_ No

Other family members requesting ISI scholarship funds for this meet: \_\_\_\_\_

Last meet (date) that you received ISI Officials scholarship funds: \_\_\_\_\_

Officials' Committee Recommendation	YES	NO	
ISI BOD Recommendation	YES	NO	

Please submit application to one of the following:

**Mail:**  
Illinois Swimming, Inc.  
1400 E. Touhy Ave.,  
Suite 245  
Des Plaines, IL 60018

**E-mail:**  
[ilswimoffice@ilswim.org](mailto:ilswimoffice@ilswim.org)

**Fax:**  
847-824-1726