

INTERNATIONAL SKATING UNION

Annexes to ISU Communication No. 2052

Annexes

In attachment to this Communication are various templates and forms to be used for submission of applications, declarations and reports. All these forms are available on the ISU website. If considered necessary, these forms may be adjusted or new forms may be added, in which case information on the changes will be given on the ISU website. The references given in this Communication given to specific forms (numbered Annexes) for particular types of applications and grants will remain valid, in accordance with the adjusted forms.

Tubbergen,
October 21, 2016
Lausanne,

Jan Dijkema, President
Fredi Schmid, Director General

CONFIRMATION OF SCHOLARSHIP FUNDING / PAYMENT INSTRUCTIONS

ISU Member:

Name of Skater(s)/Team:

Name of Skater(s)' Mentor:

Date:

Amount:

The financial support for this Project is authorized to be released directly to the Skater(s) as follows *(except for Synchronized Skating Teams for which the payment shall be made through the respective ISU Member)*:

Bank: _____

Address: _____

Branch Number: _____

Account Holder Name: _____

Address Account Holder: _____

Account Number: _____

IBAN Number: _____

SWIFT Number: _____

Statement:

The ISU Member, the Skater(s), the Legal Guardian (if applicable) and the Mentor of the Skater(s) hereby guarantee that this scholarship money is being released directly to the named Skater(s):

Signature of Skater(s)

Signature of Legal Guardian for Skaters
under 18 years of age

Signature of ISU Member President and
General Secretary

Signature of Mentor

E-mail simultaneously to:

ISU Development Commission	ISU Secretariat
dvcommission@isu.ch	development@isu.ch

CONFIRMATION OF SCHOLARSHIP FUNDING OBLIGATIONS

For ISU Members

This form is to be completed by the ISU Member of the Skater(s) receiving the Scholarship.

Name(s) Skater(s)
/Team:

Date(s) of
birth:

ISU Member:

Name of
Mentor:

The following outlines how the scholarship will be used to support the development of the above-named Skater(s) or Team:

Signed

ISU Member President
& General Secretary

Mentor:

Date:

E-mail simultaneously to:

ISU Development Commission	ISU Secretariat
dvcommission@isu.ch	development@isu.ch

CONFIRMATION OF SCHOLARSHIP FUNDING

For the Skater(s)/Team

This form is to be completed by the Skater(s) (Team Captain for Synchronized Skating) receiving the Junior Scholarship.

Name of Skater(s)/

Team:

Date of birth:

ISU Member:

I (we), the undersigned hereby undertake to continue skating in the two skating seasons to come.

The following outlines how I (we) intend to use this scholarship to advance my (our) training:

Signed Skater(s)/

Team Captain:

Date:

E-mail simultaneously to:

ISU Development Commission	ISU Secretariat
dvcommission@isu.ch	development@isu.ch

Date

To: Name and Address of awarded Skater(s) [or Synchronized Skating Team Captain]

Dear [Skater(s) First Name(s)]:

The ISU, within its Development Program, has established a scholarship program to assist junior Skaters at the international level. The [ISU Member Name] is pleased to inform you that you have been selected as a recipient of a **Figure Skating, [or Speed Skating or Short Track Speed Skating or Synchronized Skating] ISU Scholarship** in the number of US\$ [amount].

In order to receive these scholarship funds from the ISU, the attached ISU Scholarship Confirmation Forms A1 and A3 should be completed by you personally and returned through the national ISU Member Federation to the ISU. Therefore, please complete and sign these forms and return them to the undersigned at your earliest convenience.

Congratulations and best wishes for your future success!

Sincerely,

ISU Member President or General Secretary

Attachment: ISU Scholarship Confirmation Forms A1 and A3

ISU DEVELOPMENT PROGRAM – DEVELOPMENT PROJECTS

<p>ISU MEMBERS APPLICATION FOR PROJECT-BASED DEVELOPMENT SUPPORT</p>

APPLICATION GUIDELINES

Please refer to the “ISU Development Program” Communication, Paragraphs 3.1 and 3.2 regarding the procedures and conditions for application and implementation of Development Projects.

All applications shall be submitted directly to:

Development Commission
E-mail: dvcommission@isu.ch

and

International Skating Union
Development Program
Avenue Juste-Olivier 17,
CH-1006 Lausanne,
Switzerland
Tel.: (+41) 21 612 66 66
E-mail: development@isu.ch

**ISU MEMBERS APPLICATION FOR
PROJECT-BASED DEVELOPMENT SUPPORT**

ISU MEMBERS

ISU MEMBER: _____

NAME and CONTACT information of person completing application.

Name: _____

Address: _____

E-mail: _____ Telephone: _____

- Application for:
- | | | | |
|--------------------------|---------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Single and Pair Skating | <input type="checkbox"/> | International Competition |
| <input type="checkbox"/> | Ice Dance | <input type="checkbox"/> | Interclub Competition |
| <input type="checkbox"/> | Synchronized Skating | | |
| <input type="checkbox"/> | Speed Skating | | |
| <input type="checkbox"/> | Short Track Speed Skating | | |
| <input type="checkbox"/> | Administrative support | | |
| <input type="checkbox"/> | Other support | | |

NOTE: Normally, an application should be submitted for a Project focusing on one sports discipline only, and the relevant box above shall be marked. However, if a Project will cover several disciplines in the same ISU Branch (Figure Skating or Speed Skating) and the Project can't easily be divided into separate Projects for each discipline, please check all the relevant boxes.

Please use the following template to fill in your **Application Form**:



Application Form -
Development Project

We attest that this application has been reviewed and is supported by us as the ISU Member that will take the responsibility for implementation of the Project. Moreover, we attest that all information is true and accurate, and that other ISU Members listed as participants in the Project are fully informed about the application and are committed to taking part in and support the Project as indicated in the application.

We agree to submit Project reports and accounting documentation and records when and as required.

ISU Member President

ISU Member General Secretary

Place _____

Date _____.

ISU DEVELOPMENT PROGRAM – DEVELOPMENT PROJECTS

**ISU MEMBERS REPORT ON THE USE OF
PROJECT BASED DEVELOPMENT SUPPORT**

ISU Member: _____

Responsible Person Name _____

Address _____

Phone _____ FAX _____

E-mail _____

A. The ISU grant for the Project (CHF) _____

B. Please use the following template to fill in your **Report Form**:



Report Form -
Development Projec

Place: _____ Date _____

Signature of ISU Member President

Signature of ISU Member General Secretary

This report must be received by the ISU no later than 30 days after the Project is completed

ISU DEVELOPMENT PROGRAM – CONTRIBUTIONS TO ISU MEMBERS

**REPORT ON THE USE OF
CONTRIBUTIONS TO ISU MEMBERS**

ISU Member _____

Contact Person _____

Address _____

Phone _____ Fax _____

E-mail _____

Place _____ Date _____

Signature of ISU Member President _____ Signature of ISU Member General Secretary _____

A. The ISU Member received US\$ _____ for the year 20 _____

B. The ISU Member has used this amount to support the following: (Examples).

	Amount in US\$ equivalent
Travel cost for attending the following competitions (please attach copies of the relevant protocol pages)	_____
Cost for attending the following training camps or courses (please specify in an attachment)	_____
Organizing/holding the following clinics, seminars, etc. (please specify in an attachment)	_____
Other support: (please specify in an attachment)	_____

This report must be received at the ISU Secretariat by November 1 of each year.

ISU DEVELOPMENT PROGRAM – ISU Members Report

**ISU MEMBERS REPORT ON THE USE OF
COACHES/ SPORT ADMINISTRATORS DEVELOPMENT SUPPORT**

ISU Member: _____

Responsible Person Name _____
(Project Manager)

Address _____

Phone _____ FAX _____

E-mail _____

A. The ISU Member received CHF _____

B. Use the following headings to report on the Project which was approved _____

The headings are as follow:

Breakdown of initiatives carried out during the 12-month period

Summary of results achieved

Participation at coaches' seminars

Statistics on skating activity (measurable increases in number of young skaters/ improved results)

Analysis for future initiatives/Areas of improvement

Place: _____ Date _____

Signature of ISU Member President

Signature of ISU Member General Secretary

**This report form must be received by the ISU
no later than 12 months after the first instalment**