



Illinois Swimming Officials Committee
2020 Scholarship Application

| Contact Information | | | |
|---|------------------|-----------------------------|--------|
| Name | | | |
| Complete Mailing Address | | | |
| Phone | | | |
| Email | | | |
| Official's Certifications | | | |
| Certifications | Levels Certified | Expiration Date | |
| LSC | | | |
| N2 | | | |
| N3 | | | |
| Please indicate which ISI Age Group and Senior Championships you have worked in the last 12 months, what positions you worked and the number of sessions. | | | |
| | | | |
| Are any of your family members applying for financial support for this meet from ISI, including club support? | | | |
| | | | |
| 2020 Meets Eligible for Scholarships | | | |
| TYR Pro Swim Series | | | \$300 |
| Paralympic Nationals | | | \$400 |
| Junior Nationals, Nationals or World Selection Meet, LC or SC | | | \$500 |
| Olympic Trials | | | \$1500 |
| Open Water Nationals | | | \$500 |
| Information about the meet you are applying for: | | | |
| Name and Location | | | |
| Date | | | |
| Is this your first National Championship? | | Available for All Sessions? | |
| Have you applied for this Scholarship in this calendar year? | | | |
| Recommendations (for Committee/Board Use only) | | | |
| ISI Board of Directors | | Officials Committee | |