



## Scott Olson Memorial Scholarship Application

Skater Name: \_\_\_\_\_

USFSA#: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Reason for Scholarship: \_\_\_\_\_

Skater Signature: \_\_\_\_\_

Parent Signature (if skater under 18): \_\_\_\_\_

By signing this form, I understand that all scholarship requests are subject to approval of the FFSC Board of Directors.

### **See FFSC website for current requirements**

Please attach the documentation listed on the scholarship page of the FFSC website. Incomplete applications will not be considered.

### **Award Amounts**

Competition and Camp Fees: Up to \$50.00

Testing: \$25 per test, \$50 maximum per test session

Maximum of \$100 per skater per skating year (July-June)