



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 Fees: \$100

Testing: \$50

Travel for out-of-state competitions: \$100

Maximum of \$250 per skater per skating year (July-June)