



## 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.

Please attach school transcript or resume.

### **Award Amounts**

Competition Fees: \$100

Testing: \$50

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

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