

Fergus Falls Skating Club Scholarship Application

Name_____ Date_____

Address_____

City_____ State_____ Zip Code_____

Home phone Number _____ Work/Other _____

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Have you applied for Scholarship before? _____

Scholarship requested for:_____ Level_____

Amount requested: (max. amount \$100.00 per skater \$300.00 per family)_____

Reason for request:_____

Signature

**I also understand that by applying for scholarship, I am willing to fulfill my other skating obligations (ex: fundraising, volunteer hours, etc...) Scholarships are awarded on an as needed basis, if you have received a scholarship before – others may be considered before you.

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For FFSC purpose:

Date:_____

Action taken: approved disapproved

Amount awarded:_____

Members Signatures: _____ title_____

_____ title_____

_____ title_____