



SAM SCHOLARSHIP APPLICATION

Skater's Name: _____ Birth Date: _____

Mother's/Guardian's Name: _____

Occupation: _____ Employer: _____

Father's/Guardian's Name: _____

Occupation: _____ Employer: _____

Primary Address: _____

Phone: Home _____ Work _____ Cell _____

E-mail Address: _____

Number of people in household: _____ Dependent Children: _____

Amount of scholarship requested: _____

Annual Income: _____

Brief explanation of why assistance is needed:

I apply for scholarship funds to go directly towards my child's account. I understand that scholarships are awarded only when funds are available.

Should my child leave the program during the season, any unused scholarship funds will be returned to the scholarship account.

I certify that all the above information is correct and true to the best of my knowledge. I understand that I must actively participate in fundraising and volunteering for SAM.

Parent/Guardian Signature Date