



SCHOLARSHIP REQUEST

Skater's Name: _____

Age: _____

Address: _____

Parent/Guardian's Name: _____

Address: _____

Phone: (h) _____

(w) _____

(cell) _____

Please state below the circumstance surrounding your request for scholarship assistance from Sheridan Ice. What Program will you be using the assistance for?

What amount of assistance are you requesting?

Sheridan Ice can only provide assistance for half of the registration fees.
