



PROFESSIONAL GRANT APPLICATION

Name _____ USFS# _____ Credential# _____

Address _____ Phone _____

Email _____ Current PSA Rating _____

Type of grant requested:
 PSA workshop expenses

Describe clinic/workshop for which grant is requested:
(Please include name of instructor, date, website/contact info, content)

Describe how this training will further your educational goals:

Describe how you intend to share the knowledge gained with other MSBFSC coaches:

Estimated travel expenses \$ _____ Registration fees \$ _____ Your estimated contribution \$ _____

Events in which you have participated in the past year (Must participate in at least 3 of the following):

- Halloween or Spring Ice Show Choreographer
- Coordinated a monthly club ice activity
- Participated in a club fundraising activity (contribution or volunteering)
- Participated in a club social activity

Submit completed grant applications to:

MSBFSC President
C/O County Ice Center
5201 S Murray Park Lane
Murray, UT 84107

- ❖ Applications must be received within no less than 30 days prior to the registration deadline for a training event.
- ❖ Applicants must be a professional member in good standing of the MSBFSC for at least one year to be eligible for any grant award.
- ❖ PSA grant awardees must agree to share knowledge gained from the training event with other MSBFSC club pros, and must intend to remain a member of MSBFSC for at least the next consecutive year.
- ❖ Grant awards in excess of \$500 may require additional stipulations to be communicated at the time of award.

I have read, understand, and agree to the Grant Guidelines

Applicant Signature _____ Date: _____

Application Revised: 1/6/09 Date Application Received: _____ Application Approved _____ Amount _____ Application Denied & explanation _____ Signature of Club President _____ Date _____
