

## Application for Matching Funds Contribution from the Oregon Nordic Club

Student's Name (printed)	Year in School			
		O	M	O
Street Address	City	State	Zip	
High School	City	State	Zip	

As the high school counselor, I have knowledge of this student's academic standing and financial situation and I confirm that this student meets the academic requirements for participating in school sports and also has financial limitations that would make it difficult for them to participate in a skiing program without financial aid.

Name of High school counselor (printed)	Signature	Date

As a representative of this school's Nordic ski program, I acknowledge that the Oregon Nordic Club's donation of \$75 will be matched with \$75 from this Nordic ski program's funds so that this student will have a total of \$150 that will be used to offset the student's participation costs for this high school Nordic ski program.

Name of Nordic ski program representative (printed)	Signature	Date

Please make the check payable to this Nordic ski team account:

And mail the check to this Nordic ski team address:

**Attach a letter written by this student explaining the impact this support will have for them.**

**Mail this application form and student's letter to:  
ONC Treasurer - Bobbie Plummer, 3368 Siskiyou Blvd., Ashland, OR 97520**