

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

|  |  |   |  |
|--|--|---|--|
| Student's Name (printed)                 | Year in School                           | <input type="radio"/> M <input type="radio"/> F |  |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |   |  |
| Street Address                           | City                                     | State   | Zip                                      |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/>        | <input style="width: 95%;" type="text"/> |
| High School                              | City                                     | State   | Zip                                      |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/>        | <input style="width: 95%;" type="text"/> |

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                                     |
| <input style="width: 95%;" type="text"/> | <hr style="border: 0.5px solid blue;"/> | <input style="width: 95%;" type="text"/> |

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                                     |
| <input style="width: 95%;" type="text"/>            | <hr style="border: 0.5px solid blue;"/> | <input style="width: 95%;" type="text"/> |

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 - George Middleton; 2636 NE Bryce St.; Portland, OR 97212**