



## ■ Skater Support Fund Application ■

The Skater Support Fund helps PRFS families who need assistance covering lesson fees for the season. Applications are confidential and reviewed by the PRFS Board. Reapplication is required each season. ■■

### ■■■■■ Skater & Family Information

Parent/Guardian Name:	_____
Skater Name(s):	_____
Phone Number:	_____
Email Address:	_____
Skating Level/Class:	_____

### ■ Financial Need (check all that apply)

- Single-income household ■ Multiple skaters enrolled in PRFS
- Unexpected financial hardship ■ Medical/family emergency
- Other (please specify): \_\_\_\_\_

### ■ Additional Comments (optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ■ Signature & Acknowledgment

I certify that the information provided is accurate and understand the PRFS Board will review applications confidentially. I acknowledge that assistance is based on available funds and reapplication is required each season.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Contact ■ Alexis Ramsrud, PRFS President — ■ 701-741-0017 • ✉ ■  
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