

Oregon Masters Swimming Scholarship Application

In order to assist the scholarship review panel in evaluating an applicant for OMS scholarship funds, the following information is needed for each area for which you are requesting assistance.

Please submit to the OMS Registrar:

swim.pdx@gmail.com

or Susie Young, 14565 NW Salvia Ct., Portland, OR 97229

TOTAL

1) **Event Entry Fee** (List the name of pool, postal, and/or open water events): \$ _____

Submit the Event Registration Form with each request.

2) **OMS/USMS registration:** \$ _____

3) **Other:** \$ _____

Total Request \$ _____

Applicant

Name _____

Signature _____

Address _____

Phone _____

E-Mail _____

USMS # _____

Date applied _____

Decision: _____

Decision Date: _____

Date Applicant Notified: _____