NONMOBILE	Flathead Snowmobile Association		
AND AND BILE ASSO	Harold Keller Memorial Scholarship Application		
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ity of	DATE:		
THE DSNOWMOBILER.			
NAME:			
ADDRESS			
CITY	STATE	ZIP	
PHONE (H)	PHONE (Mobile)		
E-Mail:			
Are you or your family a current member? Yes / No (circle one) Family Name:			
Number of snow enthusiasts in your family:			
How long have you or your family been members?Years			
Are you currently accepted or enrolled in college/tech school? Yes / No (circle one)			
If Yes, for how long? GPA			
What Term are y	ou requesting assistance for (i.e. Spring/2020)?		
What do you are	or are you planning to study?		
Please attach a	one page (max) letter with a written request and e	explanation of your need for	
financial assista	nce and how it will help. Letter attached.		
Rules for Harold k	Keller Memorial Scholarship:		
1. Student or Family must be a member in good standing of the FSA.			
2. One \$200	One \$200 scholarship is available per student per year (Multiple students may receive awards).		
FSA opera	tes on a June 1 to May 31 fiscal year.		
3. Preference	. Preference will be given to those that apply prior to the term they are requesting aid for.		
4. A student	4. A student map apply during a term.		
5. Aid is paid	5. Aid is paid after the student submits their grades for the term they applied for.		
6. Award is p	Award is paid at 100% for B (3.0) average or better for the term (not cumulative).		
7. Award is p	7. Award is paid at 50% for C (2.0-2.99) average. No award is paid for less than 2.0.		
	"Term" is defined as one Quarter, Tri-mester or Semester.		
9. Student ha	is 90 days to submit a copy of their grades and FSA s	hall remit award within 60 days.	

Thank you for applying for the Harold Keller Scholarship!