



FASST Application, 2011

The application has seven pages, including three forms at the end that must be submitted to the current school. Contact Deb Armstrong with any questions at darmstrong@sswsc.org or 970-879-0695.109.

All application materials should be received by September 1. Send paperwork to:

SSWSC FASST Program 2011

PO Box 774487

Steamboat Springs, CO 80477

Name _____ M F J 3 2 1

Address _____

Phone _____ Date of Birth ____/____/____

Current School _____ Current Grade (2011-12) _____

Mother _____

Cell phone _____ Email _____

Father _____

Cell phone _____ Email _____

Lives with _____ Applying for: 4-week program 2-week program

Transcript Release Form for FASST Program 2011

To the Applicant:

Please fill in the following information. Your parent or guardian must sign in the box below to authorize the release of your school records and transcripts. Please give **this form to your current school's office** with a stamped envelope addressed to SSWSC FASST Program.

Student Name _____ **Current Grade** _____

Reporting School _____

For the student named above, I authorize the release of all school records, including an official transcript for grades 7-11, as applicable, as well as results of any academic testing.

Signature of Parent/Guardian

Date

To the School:

Please send the above student's official transcript for grades 8-11 as applicable. This should include all grades earned for courses taken to date, and the scores for all aptitude and achievement tests.

Return relevant materials to:

**SSWSC FASST Program
PO Box 774487
Steamboat Springs, CO 80477**

Thank you in advance for your time and assistance. Should you have any questions, please contact us at 970-879-0695.109 (fax 970-879-7993), or through email at darmstrong@sswsc.org

Progress Report Form for FASST Program 2011, due to SSWSC Oct. 1 (970-879-7993 fax)

Student _____ Grade _____

School _____

To the teachers: the above student is applying to the SSWSC/LWS FASST Program, a ski training program running from October 26 through November 19. Participants will miss Wednesdays, Thursdays, and Fridays during this four-week period. To ensure that this student is in good standing, please fill in the blank for the class(es) in which you teach the student. The "Current grade" blank is for the grade he or she is earning right now, either in letter form or percentage. Thank you!

Class _____ Teacher _____ Current grade _____

Comment _____

Class _____ Teacher _____ Current grade _____

Comment _____

Class _____ Teacher _____ Current grade _____

Comment _____

Class _____ Teacher _____ Current grade _____

Comment _____

Class _____ Teacher _____ Current grade _____

Comment _____

Class _____ Teacher _____ Current grade _____

Comment _____

Approval Form for FASST Program 2011, due to SSWSC Oct. 15 (970-879-7993 fax)

Student _____ Grade _____

School _____

To the teachers and advisor/counselor: the above student has applied to the SSWSC/LWS FASST Program, a ski training program running from October 26 through November 19. Participants will miss Wednesdays, Thursdays, and Fridays during this four-week period. To ensure that this student is in good standing, please fill in the blank for the class(es) in which you teach the student. This form indicates that he or she is in good academic standing, and has created an academic plan with you. Thank you!

Class _____ Teacher _____ Approval Y N

Class _____ Teacher _____ Approval Y N

Class _____ Teacher _____ Approval Y N

Class _____ Teacher _____ Approval Y N

Class _____ Teacher _____ Approval Y N

Class _____ Teacher _____ Approval Y N

Advisor/Counselor name _____

Email _____

Phone _____

The above student has your permission to participate in the FASST Program 2011 Yes No