

NORTH IDAHO MOUNTAIN SPORTS EDUCATION FUND, INC.

Returning Student

Scholarship Application

Date:

Name of Applicant: _____ Age: _____ DOB: ____/____/____

Contact Info: Phone #: Address:

Name of Parents: _____

Work Place: _____

Occupations: _____

Annual Income: _____

If divorced custody joint? _____ If not joint who has custody? _____

Size of Family: _____ Number of Children: _____

Email: _____ Attend on Sunday? : _____

Do you have an Economic need for this scholarship? _____

Is the applicant willing to help with future fund raising activities (i.e. car wash)? _____

Is the applicant wishing to ski or snowboard? _____ Experience Level? _____

Does he/she have their own equipment?	Height	Weight	Shoe Size
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Will the child perform work for the \$100/150/200 cost? How?: _____

Will the child be able to attend all 8 weeks of the program? _____

Please have the child explain what they got from their experience and why they want to continue:

[illegible]

All info must be filled in with attachments (or application may not be considered)

Please be ACCURATE. Ht., wt., shoe size are needed to outfit your child properly. Please read the instructions carefully to avoid errors.