NORTH IDAHO MOUNTAIN SPORTS EDUCATION FUND, INC.

Scholarship Application/Adaptive Program Date:_____

Name of Applicant: _____ DOB:___/___/_____
Phone #: _____
Address: _____
Email:_____
Nature of disability: _____
Work Place: _____
Occupations: _____
Annual Income: _____ _____
Size of Family: _____ Number of Children: _____
Do you have an Economic need for this scholarship? _____
Is the applicant willing to help with fund raising activities (i.e. sell raffle tickets)?_____
Is the applicant wishing to ski or snowboard? _____ Experience Level? _____
Does he/she have their own equipment? _____Height_____Weight_____Shoe Size_____
Please explain why you want this scholarship: _____
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