

NORTH IDAHO MOUNTAIN SPORTS EDUCATION FUND, INC.

Scholarship Application

Date: _____

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

Phone #: _____

Address: _____

Email: _____

Mother:

Father:

Name of Parents: _____

Work Place: _____

Occupations: _____

Annual Income: _____

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

Size of Family: _____ Number of Children: _____

Child will be able to ski/board on Sunday? _____

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

Will the child perform work for the \$50 cost? _____

How? :

Will the child be committed to attending all 8 weeks of the program? _____

Please have the child explain why they want this scholarship:

[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.

