NORTH IDAHO MOUNTAIN SPORTS EDUCATION FUND, INC.

;	Scholarship Applicat	ion	Date:
Ni wasan ƙaranta		A · · · · DOI	D. / /
Name of Applicant:		_ Age: DOI	B://
Phone #:			
Address: Please send an email to 1	-i		.1.:t
Email: Please send an email to j	iimsei(<i>a</i>)gmaii.com p	out applicant in st	ibject.
Mother:	Fat	her:	
Name of Parents:			
Work Place:			
Occupations:			
Annual Income:			
If divorced custody joint?	If r	not joint who has	custody?
Size of Family:	Nu	ımber of Childrer	
Child will be able to ski/board on S			
Do you have an Economic need for			
Is the applicant willing to help with	n fund raising activiti	es (i.e. sell raffle	tickets)?
Is the applicant wishing to ski or si			
Does he/she have their own equipm	nent? Height	Weight	Shoe Size
Will the child perform work for the	\$50 cost?		
How?:			
Will the child be committed to atte	nding all 8 weeks of	the program?	
Please have the child explain why			
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All info must be filled in with attachments (or application may not be considered)

Please be **ACCURATE**. <u>Ht., wt., shoe size is needed to outfit your child properly</u>. Please read the instructions carefully to avoid errors.