NORTH IDAHO MOUNTAIN SPORTS EDUCATION FUND, INC.

Retuning Student Application Date:_____

Name of Applicant: _____ Age: ____ DOB:___/___/_____
Phone #: _____
Address: _____
Email: Please send an email to nimsef@gmail.com put applicant in subject.

	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 $100/150/200 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: _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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

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