## NORTH IDAHO MOUNTAIN SPORTS EDUCATION FUND, INC. Returning Student Application

Date:

Name of Applicant:		Age:	DOB	:/	/	
Phone #:			_			
Address:						
Email: Please send an email to nimsef@gma	il.com put a	pplicant	in subje	ect. T	his to	)
obtain your email address (DO NOT Email ap	plication), N	Mail It.				
Mother:	Fathe					
Name of Parents:						
Work Place:						
Occupations:						
Annual Income:						
Annual Income: If divorced custody joint?	If no	t joint wł	no has c	ustod	ly?	
	- Num	Number of Children:				
Size of Family: Child will be able to ski/board on Sunday?						
Do you have an Economic need for this schola	arship?	_				
Is the applicant willing to help with fund raisi		(i.e. sell	raffle t	ickets	s)?	
Is the applicant wishing to ski or snowboard?						
Does he/she have their own equipment?	Height	Weigh	ıt S	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 th	e prograi	m?			
Please have the child explain why they want t	his scholars	hip:				
1 7		1				

## 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.