

Summit Nordic Ski Club  
Scholarship Application Form

Introduction:

The Summit Nordic Ski Club's intent is to financially assist the youth of Summit County who would like the opportunity to Nordic ski. Our goal, as the Board of Directors of the Summit Nordic Ski Club is to review these applications and award scholarships on an as need basis.

Eligibility:

Any (youth) member of the SNSC may apply.

Process:

The purpose of this application is financial need. Other considerations will include athletic excellence, scholastic achievements, and community service.

PLEASE FILL OUT THE ENTIRE APPLICATION – OMISSION OF ANY INFORMATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE ACCEPTED.

Please return your completed application to: Director of the SNSC – Justin Easter

## APPLICATION FORM

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PLEASE STATE THE AMOUNT OF MONEY YOU ARE REQUESTING \_\_\_\_\_

WRITE IN YOUR OWN WORDS WHY YOU ARE DESERVING OF THIS SCHOLARSHIP.

PLEASE LIST ANY OTHER SPORTS YOU ARE INVOLVED IN:

- 1.
- 2.
- 3.
- 4.

PLEASE LIST ANY EXTRACURRICULAR ACTIVITIES YOU ARE INVOLVED IN

- 1.
- 2.
- 3.
- 4.

PLEASE LIST ANY COMMUNITY SERVICE PROJECTS THAT YOU ARE INVOLVED IN:

- 1.
- 2.
- 3.

PLEASE ATTACH MOST RECENT GRADE REPORT FROM YOUR SCHOOL.

**THE FOLLOWING SECTION IS FAMILY INFORMATION THAT MUST BE FILLED OUT FOR SCHOLARSHIP ELIGIBILITY (THIS INFORMATION IS KEPT CONFIDENTIAL)**

PLEASE INDICATE GROSS FAMILY INCOME LEVEL:

\_\_\_\_\_ LESS THAN \$25,00

\_\_\_\_\_ \$60,001 - \$75,000

\_\_\_\_\_ \$25,001 - \$40,000

\_\_\_\_\_ \$75,001 - \$100,000

\_\_\_\_\_ \$40,001 - \$60,000

\_\_\_\_\_ OVER \$100,000

FATHER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FATHER'S EMPLOYER (IF SELF EMPLOYED, GIVE TYPE OF BUSINESS)

\_\_\_\_\_  
MOTHER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S EMPLOYER (IF SELF EMPLOYED, GIVE TYPE OF BUSINESS)

\_\_\_\_\_  
PARENTS MARITAL STATUS: \_\_\_\_\_ MARRIED \_\_\_\_\_ FATHER DECEASED  
\_\_\_\_\_ DIVORCED \_\_\_\_\_ MOTHER DECEASED

WITH WHOM DOES YOUR CHILD LIVE? \_\_\_\_\_

ARE THERE ANY CIRCUMSTANCES OR EXPENSES, WHICH YOUR FAMILY FACES WHICH AFFECT YOUR ABILITY TO ASSIST IN FINANCING THIS SPORT?