

NEW YORK SKI EDUCATIONAL FOUNDATION
SCHOLARSHIP APPLICATION

SECTION 1 – GENERAL INFORMATION

APPLICANTS NAME: _____ Age: _____ DOB: ___/___/___

ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

NAME OF PARENTS/GUARDIANS: _____

ADDRESS (if different from above): _____

APPLICANTS SCHOOL: _____ GRADE: _____

MOST RECENT ACADEMIC AVERAGE: _____

OCCUPATION OF PARENTS: FATHER _____ MOTHER _____

DOES YOUR FAMILY RECEIVE SKIING PRIVILEGES AT GORE OR WHITEFACE MOUNTAIN: YES__ NO__

LIST OTHER FAMILY DEPENDENTS, GIVING AGES: _____

FAMILY'S TOTAL ADJUSTED GROSS INCOME FROM MOST RECENT IRS FORM 1040 (please include copy of latest filing): _____ Include participant's individual filing if applicable.

SECTION 2 – PROGRAM STATUS:

WHAT SKI SPORT DO YOU PRESENTLY COMPETE IN? _____

WHAT AGE GROUP OF COMPETITION WILL YOU BE IN THIS SEASON? _____

NUMBER OF YEARS PARTICIPATION IN NYSEF PROGRAM? _____

NAME OF NYSEF COACH: _____

New York Ski Educational Foundation
P.O. Box 300
Wilmington, NY 12997
518-946-7001

SECTION 3 – ESTIMATED COSTS:

WHAT IS THE ESTIMATED COST FOR THIS SEASON’S COMPETITION PROGRAM:

- NYSEF Program Fee \$ _____
- Equipment \$ _____
- Competition Entry Fees \$ _____
- Travel \$ _____
- Camps \$ _____
- Incidentals \$ _____

LIST SOURCES OF SUPPORT AND OTHER FINANCIAL AID:

- Scholarships from school \$ _____
- Parents’ contribution \$ _____
- Applicant’s own sources \$ _____
- Outside grants \$ _____
- Other (please explain) \$ _____

SECTION 4 – PAST PERFORMANCES:

LIST YOUR TOP 3 RESULTS FROM THE PAST OR CURRENT COMPETITION SEASON:

1. _____
2. _____
3. _____

WHAT IS YOUR MOST “MEMORABLE” COMPETITION EXPERIENCE? _____

SECTION 5 – GOALS:

BRIEFLY SUMMARIZE YOUR GOALS AND OBJECTIVES FOR THE UPCOMING SEASON AND BEYOND. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SHEET: _____

SECTION 6 – ADDITIONAL INFORMATION:

LIST ANY AWARDS RECEIVED FOR SNOW SPORT PARTICIPATION: _____

LIST ANY EDUCATIONAL OR COMMUNITY AWARDS/HONORS RECEIVED: _____

LIST EXTRACURRICULAR ACTIVITIES, OFFICERS/POSITIONS IN SCHOOL ORGANIZATIONS AND WORK EXPERIENCE: _____

NYSEF Scholarship Application

SECTION 6 – ADDITIONAL INFORMATION (continued):

OTHER SPORTS IN WHICH YOU COMPETE? _____

OTHER FACTORS WHICH THE SCHOLARSHIP COMMITTEE SHOULD KNOW ABOUT YOU: _____

SECTION 7 – RECOMMENDATIONS:

IF YOU WISH, SUBMIT A RECOMMENDATION FROM SOMEONE OTHER THAN YOUR NYSEF COACH (SUCH AS AN EMPLOYER OR SCHOOL FACULTY MEMBER).

SECTION 8 – AMOUNT REQUESTED:

WITH A FULL UNDERSTANDING OF THE LIMITED RESOURCES OF THE NEW YORK SKI EDUCATIONAL FOUNDATION AND AFTER A CAREFUL REVIEW OF MY FAMILY’S RESOURCES AND OBLIGATIONS, WE ARE REQUESTING A SCHOLARSHIP GRANT IN THE AMOUNT OF \$ _____. (Please fill in a dollar amount)



APPLICANT’S SIGNATURE : _____ DATE: _____

PARENT’S SIGNATURE: _____ DATE: _____



For office use only:

AMOUNT OF SCHOLARSHIP FUNDS APPROVED: _____

APPROVED BY: _____ DATE: _____

NOTE: Applicants must be at least a U16/age14 within their respective discipline to be eligible for scholarships. Applications must be submitted by September 30, each year. Both Scholarship Applications & Enrollment Forms with full payment must be submitted and received by the NYSEF Administrative Office at Whiteface prior to release of scholarship funds. Scholarship awarded annually by the NYSEF Scholarship Committee.

Criteria for scholarship determination includes:

- Financial need.
- Good standing within the community and school
- Have completed at least one season of training with NYSEF
- Be either a full or part time student attending a private or public school
- Be recommended in writing preferably by a ski coach and/or teacher, or respectable member of the community
- Must be a US Citizen, and preferably a NY State Resident