

2018 / 2019 Scholarship Application  
Application Due 11/15/2017



Applicant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ School Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Select Team:

Snowboard Team

Freeride Ski Team

Alpine Race Team

Briefly describe your need for financial assistance. Award amounts will be determined by the number of applicants.

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Please describe parental involvement in the community.

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To be completed by applicant. Please tell us about yourself including, school performance, community involvement and other sport involvement. (A letter of recommendation may be requested.)

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent Signature

Mail Application To:  
1111 Sierra at Tahoe Rd Twin Bridges, Ca 95735  
Or Email To: [Ryan@SierraTeams.org](mailto:Ryan@SierraTeams.org)