SCHOLARSHIP APPLICATION

Completed Applications are due by September 30, 2023



Name:

2023-2024 Season



DOR:

APPLICANT GENERAL INFORMATION

Age:

Address:				
Phone Number:	_ Email:			
Parent/Guardian Name(s):				
Address: (If different than above)				
School:		Most Recent GP	4 :	
Parent/Guardian Occupations:				
Does your family receive skiing privilege's at	Whiteface or Go	re? 🛮 Yes	□ No	
Other Family Dependents & Ages:				
Family's Adjusted Gross Income from most recent IRS Form 1040: *please include/attach copy of latest IRS 1040 filling. Include individual's filling if applicable.				
PROGRA	AM STATUS			
What sport do you presently compete in?				
□ XC □ Biathlon □ Nordic Combined	☐ Ski Jumpin	g 🗆 Alpine	☐ Freeride	
What team will you be on this season?				
How many years have you participated in NY	SEF?			
Name of NYSEF Coach:				

ESTIMATED COSTS

Please provide an estimated cost breakdown of your season's expenses:

What is the estimated cost for	List sources of support
this season's competition program?	and other financial aid:
NYSEF Program Fee: Equipment: Competition Entry Fees: Travel: Camps: Incidentals:	Parent's Contribution: Athlete's Contribution: Outside Grants: Other (please explain):
PAST PE	ERFORMANCES
3	tion experience?
	GOALS
Briefly summarize your goals and object additional space is needed, please attack.	etives for the upcoming season and beyond. If ch sheet.

ADDITIONAL INFORMATION:

List any awards received for snow sports participation:		
List any educational or community awards/honors received:		
List extracurricular activities, officers/positions in school organizations, and work experience:		
List any other sports you compete in:		
What else should the Scholarship Committee know about you?		

RECOMMENDATIONS

If you wish, attach to this form a recommendation from someone other than your NYSEF Coach (such as an employer or school faculty member)



AMOUNT REQUESTED

	(Please fill in a dollar amount)
Applicant Signature	Date
Applicant Print Name	
Parent/Guardian Signature	Date
Parent/Guardian Print Name	
NOTE: Applicants must be at least a U14/age 12 with scholarships.	in their respective discipline to be eligible for
The scholarship application deadline is September 3 Enrollment Forms with full payment must be submitt	ted and received by the NYSEF Administrative Office
at Whiteface prior to the release of scholarship funds Scholarship Committee by December 31st.	s. Scholarships are awarded annually by the NYSEF

FOR OFFICE USE ONLY

Date application received by NYSEF:

Amount of Scholarship Funds Approved:

Approved By:

Date Approved: