

SCHOLARSHIP APPLICATION

Completed applications are due by September 30 each year
Submit to: info@nysef.org or P.O. Box 300 Wilmington, NY 12997



APPLICANT GENERAL INFORMATION

Name: _____ Age: _____ DOB: _____

Address: _____

Phone Number: _____ Email: _____

Parent/Guardian Name(s): _____

Address: _____
(If different than above)

School: _____ Most Recent GPA: _____

Parent/Guardian Occupations: _____

Does your family receive skiing privileges through our ORDA Partner? ☐ 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 filing. Include individual's filing if applicable.

PROGRAM STATUS

What sport do you presently compete in?

☐ XC ☐ Biathlon ☐ Nordic Combined ☐ Ski Jumping ☐ Alpine ☐ Freeski & Snowboard

What team will you be on this season? _____

How many years have you participated in NYSEF? _____

Name of NYSEF Coach: _____



ESTIMATED COSTS

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

What is the estimated cost for
this season's competition program?

List sources of support
and other financial aid:

NYSEF Program Fee: _____
Equipment: _____
Competition Entry Fees: _____
Travel: _____
Camps: _____
Incidentals: _____

Scholarship from School: _____
Parent's Contribution: _____
Athlete's Contribution: _____
Outside Grants: _____
Other (please explain): _____

PAST PERFORMANCES

List your top three results from the past or current competition season:

1. _____
2. _____
3. _____

What is your most memorable competition experience?

GOALS

Briefly summarize your goals and objectives for the upcoming season and beyond. If additional space is needed, please attach 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

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, we are requesting a scholarship grant in the amount of _____

(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 within their respective discipline to be eligible for scholarships.

The scholarship application deadline is 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 the release of scholarship funds. Scholarships are awarded annually by the NYSEF Scholarship Committee by December 31st.

Criteria for scholarship determination include:

- Financial need.
- Good standing within the community and school
- 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 a respectable member of the community
- Priority is given to New York State residents.

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FOR OFFICE USE ONLY

Date application received by NYSEF: _____

Amount of Scholarship Funds Approved: _____

Approved By: _____

Date Approved: _____