

ALPINE + SNOWBOARD + FREERIDE

2019/20 SCHOLARSHIP APPLICATION

		Athlete Inform	ation	
Athlete Name:		Date	e of Birth:	
School Attending:	ng:		Grade Level:	
Residence Address:				
Mailing Address (if dif	ferent):			
Parents Names: Father:			her:	
Home Phone:		Cell	Cell Phone:	
Vork Phone:		Won	Work Phone:	
Email Address:	Other Contact:			
	Develop	oment Program Enro	llment Information	
Program (circle one):	Mini Comets	Comets Team	Development Team	
	Alpine Race	Snowboard Team	FreeSki Team	
	Competition F	undamentals		
How many years have	you been trainin	g with Heavenly Junio	r Teams:	
Coach(s):				
			ach:	

Partial Scholarship

The Foundation provides only partial scholarships and not all applicants will qualify. A Heavenly Foundation Scholarship can subsidize up to approximately 20-25% of the seasonal Team fees. Scholarship awards are based on family income and completed essay.

Date of Application:

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Financial Information/Essay Requirement/Scholastic Requirement

Heavenly Foundation Scholarship Request

A HSSF Scholarship Request requires a demonstrated financial need. Returns -OR- a written statement of income and need are required for				
only one parent/guardian's information is pertinent, please advise:				
	_			
Essay Requirement	_			
The essay must be written by the applicant (adults may help children pages, double spaced, and must address the following :	12 and younger), no longer than two			
 How the athlete demonstrates leadership and the core values of teamwork, physical fitness, and sportsmanship; How the athlete feels that she / he can contribute to both the HSSF program and the community 				
large; <u>and</u> ◆ Athlete's goals and how she / he plans to achieve them.				
Scholastic Requirement				
Heavenly Foundation expects athletes to demonstrate excellence in screprowess. As such, we strongly encourage a Grade Point Average of 3 athlete's last report card.				
Family Statement				
If there is additional athletic or scholastic information that you would into consideration, please feel free to write a statement here or on an a				
Completion Checklist & Signat	tures			
Please check-off which items have been included with your scholarship	ip request, as incomplete applications will			
not be considered: ☐ Competed Application ☐ Athlete's Essay	☐ Last Year's Report Card			
☐ 2 Years Tax Forms, Or Written Stater	ment of Need			
Applicant (Athlete) Signature:	Date:			
Parent/Guardian Signature:				
Mail complete application, postmarked by December 5, 2019 , to:				
HSSF Scholarship Committee Attn: Garth Alling PO Box 1297				

Zephyr Cove, NV 89448