

# Mount Washington Valley Ski Team

**SCHOLARSHIP APPLICATION Due Date: September 15, 2020**

Racer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Racing Class: U16    U19    U21

Parents' Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*Limited Scholarship Funds are available from the Mount Washington Valley Alpine Education Foundation. In order for the Scholarship Committee to make an objective decision, please describe as accurately and fully as possible your situation as it relates to the following three areas. Use a separate sheet of paper if more space is needed.*

**Attach a SIGNED COPY of IRS Form 1040 pages 1 & 2 from your 2019 tax return.**

**Please print or write legibly. Use additional sheets if needed.**

**State financial hardship requiring assistance from MWVAEF (i.e. income, job loss, medical bills, higher education expenses, unusual situations, etc.):**

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**Describe racer's experience and goals as it pertains to ski racing (goals, achievements, results, etc.):**

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**Describe racer's commitment (include commitment to ski racing and training, years in race programs, high school racing, involvement in club activities, how race worker credits would be fulfilled, and other ways that the racer and family could contribute to or help the program in lieu of financial contribution, etc.):**

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\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Racer

\_\_\_\_\_  
Date

**Return Completed Application and Tax Forms to:**

**Scholarship Committee MWV Ski Team PO Box 780 Intervale, NH 03845 Mark Envelope "CONFIDENTIAL"  
Please submit by Sep. 15, 2020 so process can move forward for all applicants.**