

2016 / 2017 Scholarship Application
Application Due 10/21/2016



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.

Please describe parental involvement in the community.

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.)

Applicant Signature

Parent Signature

Mail Application To:
Sierra-at-Tahoe Education Foundation
PO Box 9553 South Lake Tahoe, Ca. 96156
www.SierraTeams.org