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George Roach Snow Sport Scholarship Committee Scholarship Application, Applicant Details 2024 Season

This is a school program fee for Anthony Lakes Ski/SB/XC School Program (lessons, lift/trail tickets, and rental equipment). Applicant will be expected to pay other miscellaneous expenses as needed.

Applicant Name:		Grade Level:			Date:	
Email Address:	dress: Phone No					
Mailing Address:						
City:	:	State:	Zip:			
Parent Name:	Pare	nt Signature: _				
Have you been the recipient of a schola	rship in the past fi	ve years?		Yes	No	
Have you participated in past school ski	programs with An	thony Lakes?		Yes	No	
What snow sport discipline will you be o	choosing: S	ski	Snowboard		Nordic XC	
What is your skill level? Beginne	er l	ntermediate	Advar	nced		
Are there any other children in your hou	usehold participati	ing in the ski p	rogram?	Yes	No	
Explain how a scholarship would benefi	t you:					
Do you have any special needs that nee	d to be addressed	or made awar	re of? If so, wha	at:		



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George Roach Snow Sport Scholarship Committee Scholarship Recommendation 2024 Season

School Program Teacher/Advisor Statement

Applica	cant's Name:		Grade Level:	Date:				
Adviso	or/Director Name:							
Advisor's Phone:		Ac	Advisor's Email:					
School Name:			# of wee	# of weeks:				
for	s a scholarship program fee for A weeks. The applicant wi to assist us in evaluating this re	l be responsible for o	other miscellaneous	expenses as needed. In				
1.	Are you aware of any informatio	n relative to the applica	ant's financial need? I	f so, please comment.				
2.								
3.	Do you think granting this applic	ation would benefit thi	is individual? If so, ho	w?				
4.	Are you aware of any other infor applicant? If so, what?	mation you think the c	ommittee should be a	ware of regarding the				
5.	Are there any special needs that	need to be addressed	of be made aware of?	If so, what?				