

EASEF

EASTERN AMATEUR SKI EDUCATIONAL FOUNDATION

PO BOX 430, INTERVALE, NH 03845

Please complete the following form (two pages) and include a recommendation from your coach and a personal statement of goals, achievements, and financial need.

INDIVIDUAL DEVELOPMENT GRANT REQUEST

DATE SUBMITTED: _____

APPLICANT'S NAME: _____

ADDRESS (STREET, CITY, STATE, ZIP): _____

TELEPHONE #(S): _____ EMAIL: _____

SKI DISCIPLINE: _____

PROJECT TITLE: _____

PROJECT DATE AND LOCATION: _____

PROJECT OBJECTIVES: _____

PROJECT BUDGET:

TRANSPORTATION: _____

HOUSING: _____

MEALS: _____

EQUIPMENT: _____

OTHER (Please describe): _____

PROJECT RESOURCES:

PERSONAL: _____

PARENTS: _____

OTHER FAMILY: _____

OTHER GRANTS: _____

TOTAL BUDGET: _____

TOTAL RESOURCES: _____

EASEF GRANT REQUEST: \$ _____

(Should equal the total budget minus total resources)

PROJECT RECOMMENDED BY:

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

TEAM/CLUB _____ POSITION: _____

FATHER'S NAME: _____ SS# _____
OCCUPATION: _____

MOTHER'S NAME: _____ SS# _____
OCCUPATION: _____

NUMBER OF AND AGES OF DEPENDENTS: _____

FINANCIAL STATEMENT (Parents' information or yours if self-supporting)

Income (Annual)

Your \$ _____

Father's \$ _____

Mother's \$ _____

Total Household Income \$ _____ (as reported on most recent tax return)

Do you and/or any of your siblings receive need-based financial aid? YES NO

If yes, please list names, institutions, and financial awards:

To the best of my knowledge all information included in this application is true and correct.

Applicant signature: _____

Signature of parent or guardian: _____

(Unless fully independent)

Date: _____

EASTERN ALPINE PROGRAM APPROVALS

APPROVED BY EASTERN ALPINE DIRECTOR: _____

DATE: _____

APPROVED BY APPOINTED EACC REPRESENTATIVE: _____

DATE: _____

FOR EASEF TRUSTEE USE ONLY

GRANT REQUEST APPROVED BY: _____

AMOUNT APPROVED: _____ DATE APPROVED: _____

AMOUNT ISSUED: _____ CHECK #: _____ DATE SENT: _____

NOTES: _____
