

RUDI AND DOTTIE SCHNACKENBERG SCHOLARSHIP APPLICATION

* * * * * **Application Deadline For Current Season: March 1 at 5:00 P.M.** * * * * *

Mail or FAX this form, with resume, recommendations and required verifications to: PSIA-RM, Box 775143, Steamboat Springs, CO 80477

Phone: (970) 879-8335 FAX: (970) 879-6760

LAST NAME	FIRST NAME	MIDDLE INITIAL	DAYTIME PHONE () --	EVENING PHONE () --
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The address you designate below will be the address where information regarding this scholarship is sent.

FAX NUMBER () --	MAILING ADDRESS	CITY	STATE	ZIP CODE
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E-MAIL ADDRESS	DATE OF BIRTH <small>month / day / year</small>	CERT LEVEL	PSIA-RM MEMBERSHIP #
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This scholarship is designated by the PSIA-RM Board of Directors as a “Reimbursement Scholarship”.

You must provide verification of the following criteria with your application:

- 1) ***You must submit a resume of your ski industry experience and involvement with this application.***
- 2) ***You must be a current “active status” Cert III member of PSIA-RM for a minimum of three (3) years prior to application.***
- 3) ***You must be currently teaching full-time. A ski school director’s letter of verification must accompany this application.***
- 4) ***You must agree to submit, by May 10, a written article of not less than 500 words, for publication in the Instructor To Instructor newsletter. The topic for your article will be designated by PSIA-RM prior to your departure for National Academy. Scholarship reimbursement funds will be disbursed upon receipt of your written article.***

***Three (3) applicants will each be awarded a \$300.00 scholarship.
Selection will be made by the RMSIA Educational Foundation Scholarship
Committee.***

☞ RELEASE OF LIABILITY -- ALL APPLICANTS MUST SIGN.

In applying for this PSIA-RM scholarship, I acknowledge that skiing is a hazardous activity and I hereby release PSIA-RM, the Scholarship Committee and any PSIA-RM agents and employees from all liability for any injuries arising during or in connection with my attendance at the PSIA National Academy. By my signature, I attest that I understand the risks associated with my participation and voluntarily accept responsibility for those risks.

Date: _____ **Applicant Signature:** _____ **Ski School:** _____