

Rocky Mountain Ski Instructors Educational Foundation Cert Level 2 or 3 Clinic Scholarship

Application Requirements

1. Must be currently teaching for a PSIA/AASI-RM member school.
2. Applications must be completed in full.
3. Include a separate page(s) explaining in 750 words or less your personal teaching goals, and why you need financial assistance.

Scholarships that are awarded will not be paid directly to the individual.

Personal Information:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Professional Information:

PSIA/AASI-RM Member #: _____ Member Since: _____

Certification Level(s): _____

Teaching Background:

Started Teaching: _____ Current Member School: _____

Signature of Current School Director: _____

Why did you become an instructor? _____

I certify that all of the information provided in this application is true and accurate. I understand that my Director may be contacted in regard to the information provided.

Signature: _____ Date: _____

Mail or Fax Completed Applications To:
Educational Foundation Scholarship Committee
C/O PSIA-Rocky Mountain-AASI
PO Box 775143
Steamboat Springs, CO 80477
(970) 879-8335; Fax: (970) 879-6760