



**PSIA - *Rocky Mountain Division* - AASI**

**Rocky Mountain Ski Instructors  
Educational Foundation**



**GO TO SCHOOL ON  
PSIA - *Rocky Mountain* - AASI !!!!!**

If you are interested in continuing your education in any field or at any level, PSIA-Rocky Mountain-AASI currently offers a scholarship opportunity to assist you.

The Rocky Mountain Ski Instructors Educational Foundation Scholarship was established in 1995 in order to help our membership or employees and their immediate families realize their educational goals. The scholarship consists of two five hundred dollar (\$500) grants, payable to the institutions the successful applicants plan to attend.

This grant may be used for any tuition, fees or equipment costs incurred while attending a traditional university or college, technical institute, trade school or any specialized training offered by a legitimate entity.

Scholarship applications may be obtained from the RM office in Steamboat. Please specify whether the application is for a member or dependent. Completed applications must be returned to the RM office no later than 5:00 p.m., June 30th for the term beginning in the fall of the application year.

**FAXED APPLICATIONS WILL NOT BE ACCEPTED!**

Applications will then be reviewed by the Scholarship Committee and recommendations will be presented to the Board of Directors at its summer work session in August.

The successful applicants will be notified in writing by August 20 of the application year.

For further information regarding this scholarship, contact the RM office in Steamboat Springs.

# **Professional Ski Instructors of America-Rocky Mountain EDUCATION FOUNDATION SCHOLARSHIP APPLICATION**

Please fill out this application completely with thought and accuracy. Applications will not be accepted unless instructions are followed exactly. Awards are based on qualifications specified by the donor organization. Please use typewriter or print legibly in ink. This application must include:

- A personal letter, setting forth (1) reasons for requesting the scholarship (2) plans for the future
- Three (3) letters of recommendation, written by teachers, employers, coaches, etc.
- Certification of admissibility for the upcoming school year. This may be a copy of your notice of acceptance or a letter from your counselor.
- Copy of your complete student transcript.

***THIS APPLICATION MUST BE RECEIVED IN THE PSIA-RM OFFICE BY 5:00 P.M. JUNE 30.  
PSIA-RM, P.O. Box 775143, Steamboat Springs, CO 80477 Phone: (970)879-8335 FAX: (970)879-6760***

## **PSIA-RM MEMBER INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_

PSIA-RM MEMBERSHIP #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

## **APPLICANT INFORMATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ SSN#: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP : \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## **TEST SCORES**

**SAT:** VERBAL \_\_\_\_\_ MATH \_\_\_\_\_ TOTAL \_\_\_\_\_

**ACT:** ENGLISH \_\_\_\_\_ MATH \_\_\_\_\_ COMPOSITE \_\_\_\_\_

RANK IN CLASS \_\_\_\_\_ OUT OF \_\_\_\_\_ GRADE POINT AVERAGE \_\_\_\_\_

### **FOR OFFICE USE ONLY:**

APPLICATION RECEIVED \_\_\_\_\_

LETTERS OF RECOMMENDATION RECEIVED \_\_\_\_\_

PERSONAL LETTER RECEIVED \_\_\_\_\_

CERTIFICATE OF ADMISSABILITY RECEIVED \_\_\_\_\_

STUDENT TRANSCRIPT RECEIVED \_\_\_\_\_

## SCHOOL INFORMATION

1. LIST SCHOOLS ATTENDED:

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

2. List extracurricular activities, including community service. Indicate number of years/months of participation and offices held.

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3. List academic honors or any other scholastic/community awards you have received.

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4. List the schools/programs to which you have applied in order of preference. CIRCLE any from which you have already received notice of acceptance.

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

Check here if you are undecided about your first choice.

WHAT IS YOUR PLANNED MAJOR/COURSE OF STUDY? \_\_\_\_\_

## FINANCES

1. What do you expect to spend next year? \_\_\_\_\_

Name of School/Program	A. _____	B. _____	C. _____
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Tuition & Fees	_____	_____	_____
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Room & Board	_____	_____	_____
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Estimated Books/ Supplies	_____	_____	_____
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Transportation cost from home	_____	_____	_____
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Other (specify)	_____	_____	_____
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TOTALS:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. How do you plan to pay for your school/program? Please give a percentage.

Parents/relatives \_\_\_\_\_ %

Student Loans \_\_\_\_\_ %

own funds \_\_\_\_\_ %  
(money already saved or other assets)

Financial Aid \_\_\_\_\_ %

Scholarships/Grants \_\_\_\_\_ %

Hope to earn on campus \_\_\_\_\_ %

3. Do you receive any income from other sources (i.e. social security, veteran's benefits, trust, insurance) and how much?

Source \_\_\_\_\_ Amount \_\_\_\_\_

Source \_\_\_\_\_ Amount \_\_\_\_\_

4. Are there any extraordinary expenses which your family faces which affect their ability to assist you in financing your education? Please explain.

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5. Do you contribute to your own support at the present time? Include employment history for the past 3 years, if applicable.

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## **FAMILY INFORMATION**

1. PARENTS / GUARDIANS

FATHER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

FATHER'S EMPLOYER: \_\_\_\_\_

MOTHER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MOTHER'S EMPLOYER: \_\_\_\_\_

PARENT STATUS:  MARRIED  DIVORCED  DECEASED FATHER  DECEASED MOTHER

WITH WHOM DO YOU LIVE?  MOTHER/FATHER  MOTHER  FATHER  MOTHER/STEPFATHER  
 FATHER/STEPMOTHER  OTHER (please explain)

2. Do you own a car?  YES  NO

Do you plan to use this car during your education?  YES  NO

3. List the names, ages and year in school of all other children in your family, including those in college or otherwise dependent on parents for some degree of support.

NAME	AGE	SCHOOL

I hereby certify that the statements herein are true and correct to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

We have read and approved this form. To the best of our knowledge, the information is complete and correct.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_