

Student Patroller Scholarship Program Application

Applying for: DueS OEC Fees
Date: _____ \$ _____ \$ _____
For Season: _____ (Ex. 98-99)

Committee Use Only	
Dues	OEC
Approve	Approve
Disapprove	Disapprove
Signed: _____	

Name: _____ Date of Birth: ____/____/____ Age: _____

Permanent Address: _____
(Street, Route & Box No., Apt.No.)

(City, State, Zip)

Telephone No: (_____) _____

School Name: _____

Address: _____
(City, State, Zip)

Type: a. High School Jr. College University

 b. Public Private

Class: Freshman Sophomore Junior Senior

Patrol: _____

Section: _____

Region: _____

Classification: Candidate Auxiliary Patroller Senior

Registration No.: _____

Year First Joined: _____

Names of family members currently active in NSP and the mountain they patrol:

1. _____
2. _____
3. _____

1) Please list after school activities you are involved in:

2) What do you see ski patrol doing for you (i.e. teach you leadership skills, interacting with people etc.), and how long do you intend to be involved in Ski Patrol?

3) Why do you feel you deserve this scholarship?