

# EASEF

2019 MAINE NORDIC  
U16/EHSC APPLICATION

✓✓

EMAIL TO: MBEAN@MSAD58.ORG

EASTERN AMATEUR SKI EDUCATIONAL FOUNDATION

~~PO BOX 430, INTERLACE, 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: \_\_\_\_\_