



White Pine Resort
YOUTH SCHOLARSHIP PROGRAM 2022-2023
APPLICATION FORM
Print Edition

Deadline: This application must be received by October 31, 2022.

To submit: email this form to katie@whitepineski.com with subject line "Youth Scholarship Application", or mail to White Pine Resort, PO Box 190, Pinedale, WY 82941.

Questions? Call (307)367-6606 (9am - 4pm M-F) or e-mail: katie@whitepineski.com.

Applicant Information:

Required fields are indicated by an asterisk ().*

Eligibility: Recipients must meet these criteria to be eligible. Please initial.

1. ____ * I will be attending school in Sublette County for the 2022-2023 school year.
2. ____ * I love to ski and/or snowboard and want to improve my skiing/snowboarding skills!
3. ____ * If chosen for a scholarship, I will utilize my pass to go skiing/snowboarding as much as possible this winter!

4. *Name:

a. First name*-- Middle name(s) -- Last name*:

b. If it is different than your formal name, what do you prefer to be called?:

5. *Have you been selected for a White Pine Scholarship before?

___ Yes (Year: _____) or ___ No.

5. Telephone: (_____) _____

6. E-mail: _____

7. *Date of Birth (MM/DD/YYYY): _____ / _____ / _____

8. *What school do you currently attend?

*Name: _____

*City: _____ *State: _____ *ZIP: _____

9. *Grade in fall semester 2022: _____
(i.e., 2nd grade, 5th grade, etc.)

10. *Certification Statement:

By signing my name below, I confirm that all the information provided above is true and correct to the best of my knowledge.

Signed: _____ Date: _____



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Parent / Legal Guardian Information:

11.*Name:

a. First name*-- Middle name(s) -- Last name*:

12.*Home address:

*Address: _____

Address: _____

*City: _____ *State: _____ *ZIP: _____

13.*Employment:

*Occupation: _____

*Employer: _____

*City/Town: _____ *ZIP: _____

Eligibility: Recipients must meet the financial need criteria to be eligible. Please initial.

14. ____ * I confirm that my child/applicant is in need of financial assistance; my household income is less than \$60k (before taxes).

15.*Primary telephone: (_____) _____

16. Secondary telephone: (_____) _____ Extension: _____

17. *E-mail: _____

18.*Certification Statement:

By signing my name below, I confirm that all the information provided above is true and correct to the best of my knowledge.

Signed: _____ Date: _____