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**Scholarship Application**

Please download a copy of this application and fill it out. Once you are done email it to scholarships@sierraavalanchecenter.org

**\*** Required fields

**\* Name (first and last):
\* Date of Birth:**

**\* Email:
\* Phone:**

**\* Mailing** **Address (include city, state, and zip code):**

**\* Gender:** Female **⬜**  Male **⬜
\* What course would you like a scholarship for?**

**\*What avalanche courses have you taken previously, if any?**

**\* Do you currently work as an avalanche professional? (check box for patroller, guide, pro snowmobiler, other, describe if other)**

**\* For which organization, if professional?

\* Essay Submission: (500 words or less)**The scholarship will be awarded based upon the applicant’s written response.

Please describe how this scholarship will help you personally and/or professionally? What do you hope to gain from this course, and how to you plan to use what you hope to gain?