

Scholarship Applicant \_\_\_\_\_

## **PSIA-NW/AASI Scholarship Application**



## **Snow Sport School Director's Statement**

PSIA-NW/AASI Event NameEvent Date	
DirectorPhone / e-mail contact	
In ord questi	ler to assist us in evaluating this request, please respond to the following ons.
1.	Has the applicant contributed in a positive way to your school's mission? If so, how?
2.	Do you believe that granting the applicant the requested scholarship would benefit
	your school and/or PSIA-NW/AASI? If so, how?
3.	Are you aware of any information relative to the applicant's financial need? If so, please comment:
4.	Are you aware of any other information you think the committee should be aware of regarding the applicant? If so, what?

**Mail or fax statement to:** PNSIA Educational Foundation, 11206 Des Moines Memorial Drive, Suite 106, Seattle, WA 98168

Please return this statement to the PSIA-NW office as soon as possible. **All applications** must be received in the PSIA-NW office no later than 30 days prior to the event.

Thank you for your assistance! The Scholarship Committee