

APPLICATION
GRANT TYLER MEMORIAL SCHOLARSHIP
SILVER RUN SKI EDUCATION FOUNDATION



NAME: _____ DOB: _____ SEX: _____
 ADDRESS: _____ PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____
 PARENT'S NAMES: _____

SKIING EXPERIENCE

TOTAL SKIING EXPERIENCE (YEARS) _____ TOTAL RACING EXPERIENCE (YEARS) _____
 USSA CLASSIFICATION _____ USSA LICENSE _____

RACE PROGRAM	YEARS
_____	_____
_____	_____
_____	_____

USSA POINT PROFILE

SL _____
 GS _____
 SG _____
 DH _____

FIS POINT PROFILE

SL _____
 GS _____
 SG _____
 DH _____

HOW IS YOUR SKIING CAREER FINANCED?

(INCLUDE TRAINING FEES, EQUIPMENT, LIFT PASS, TRAVEL, AND ENTRIES)

PERCENT

PARENT'S CONTRIBUTION	_____
YOUR CONTRIBUTION	_____
OTHER SPONSORS' CONTRIBUTION	_____
TOTAL	100%

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NAME: _____

WHAT ARE YOUR SKIING GOALS? (ATTACH SEPARATE SHEET IF NECESSARY)

ACADEMIC BACKGROUND

SCHOOL: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____

COUNSELOR'S NAME: _____

YEAR: _____ **GPA:** _____ **ITBS:** _____ **PSAT/SAT:** _____ **PLAN/ACT:** _____

PLEASE ATTACH A COPY OF YOUR GRADE TRANSCRIPT TO DATE.

WHAT ARE YOUR EDUCATIONAL GOALS? (ATTACH SEPARATE SHEET IF NECESSARY)

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NAME: _____

LIST CHRONOLOGICALLY ALL SCHOOL ACTIVITIES AND ORGANIZATIONS IN WHICH YOU HAVE BEEN INVOLVED.

LIST CHRONOLOGICALLY ALL ACTIVITIES AND ORGANIZATIONS OUTSIDE OF SCHOOL IN WHICH YOU HAVE BEEN INVOLVED.

LIST CHRONOLOGICALLY ANY VOLUNTEER ORGANIZATIONS IN WHICH YOU HAVE BEEN INVOLVED.

LIST CHRONOLOGICALLY ALL PART-TIME/SUMMER JOBS YOU HAVE HELD. INCLUDE EMPLOYER'S NAME AND PHONE NUMBER.

PLEASE ATTACH A ONE-PAGE ESSAY DESCRIBING THE ROLE THAT YOUR EXPERIENCES AS A SKI RACER HAVE PLAYED IN MAKING YOU THE PERSON YOU ARE TODAY, AND HOW THEY HAVE INFLUENCED YOUR PLANS FOR THE FUTURE.

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AUTHORIZATION FOR RELEASE OF INFORMATION

I HEREBY AUTHORIZE THE RELEASE OF ANY ACADEMIC RECORDS OR TESTING RESULTS FOR MY CHILD TO THE GRANT TYLER MEMORIAL SCHOLARSHIP TRUSTEES FOR THE PURPOSE OF EVALUATING HIS/HER APPLICATION FOR THE SCHOLARSHIP. PERMISSION IS ALSO GRANTED FOR THE TRUSTEES TO INTERVIEW TEACHERS, COUNSELORS, AND ADMINISTRATORS REGARDING MY CHILD'S CITIZENSHIP AND LEADERSHIP.

CHILD'S NAME: _____

PARENT'S NAME: _____

PARENT'S SIGNATURE: _____

DATE: _____

PLEASE RETURN COMPLETED APPLICATION TO:

**GRANT TYLER MEMORIAL SCHOLARSHIP
SILVER RUN SKI EDUCATION FOUNDATION
C/O DAVID & SANDEE TYLER
1103 POLY DRIVE
BILLINGS, MT 59102**

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SILVER RUN SKI EDUCATION FOUNDATION



NAME: _____

COACH'S RECOMMENDATION

(PLEASE ADDRESS THE APPLICANT'S DEDICATION, WORK ETHIC, RELATIONSHIP WITH TEAMMATES, AND LEADERSHIP QUALITIES)

COACH: _____

PROGRAM: _____

PLEASE DO NOT SHARE THIS INFORMATION WITH THE ATHLETE. RETURN COMPLETED FORM DIRECTLY TO:

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