



2016-2017 Athlete Scholarship Guidelines

Scholarships are available for any qualifying athlete participating in a Squaw Valley | Alpine Meadows snow sports team, ski or snowboard.

Rules and Eligibility

To be considered applicants must:

- I. Plan to enroll in a Squaw Valley | Alpine Meadows ski or snowboard team in the coming winter season.
- II. Submit all materials outlined below by **June 15th**:
 - a. Completed Scholarship Application with signed Code of Conduct and Volunteer Commitment;
 - b. Academic Recommendation Form (completed by a teacher or academic mentor);
 - c. Athletic Recommendation Form (completed by a coach or athletic mentor); and,
 - d. Applicant's Personal Statement.

Schedule of Due Dates

Following is the application process schedule and submission procedure:

- Submit, by **June 15th**, completed application with supporting material by email to scholarships@svamf.org or mail to:
SAF
Attn.: Athletes Programs Director
P.O. Box 2194
Olympic Valley, CA 96146
- Scholarship notifications will be sent out on **August 15th**.
- Scholarship recipients will have until **August 31st** to notify SAF of their acceptance and to confirm their spot on the team roster.

****Late applications will not be considered.****

Participation Requirements

If accepted, the athlete must plan to participate in 75% of the program, including training and competitions, if applicable. If the applicant is not meeting the participation requirement a verbal or written warning may be issued. If the lack of participation continues additional warning may be issued with immediate suspension or revocation of scholarship benefits possible.

Note: All scholarship recipients' parents must volunteer within the foundation. Volunteer assignments will be determined based on skills and availability. Funds must be raised each year in order to ensure continued availability of funds for scholarship disbursement.



SAF ATHLETE SCHOLARSHIP APPLICATION

****ALL INFORMATION WILL REMAIN CONFIDENTIAL****

Applicant Contact Information

Applicant Name: _____

Email address (if available): _____

Mailing Address: _____

Birth date: _____

School: _____

GPA (or equivalent academic benchmark): _____

Parent / Guardian Information

Name of Parent or Legal Guardian: _____

Email Address: _____

Home Phone: _____

Mobile Phone: _____

Name of Parent or Legal Guardian: _____

Email Address: _____

Home Phone: _____

Mobile Phone: _____

****Please refrain from using your name in the remainder of this application****

Applicant Program Information

Squaw Valley | Alpine Meadows Team you participate in: _____

Number of Years in Squaw Valley | Alpine Meadows program: _____

Describe your planned use of Scholarship:

Applicant Performance Information

List your quantifiable and age-appropriate ski/snowboard goals for the upcoming winter season:

List any and all notable ski/snowboard athletic achievements:

Did applicant participate in other competitive sports? YES NO

If yes, please list the sport(s): _____

Did applicant participate in off-season training? YES NO

If yes, please describe: _____

SAF Volunteer

Did applicant or their family participate in volunteer work for SAF last year? YES NO

If yes, please list the events: _____

Applicant Statement

On a separate sheet of paper APPLICANT is asked to answer, in 200-300 words, the following question: What does participation in a Squaw Valley | Alpine Meadows snow sports team mean to you?

Photo Authorization

Applicant Athletes and their Parents/Guardians give consent for photos and video of Athletes granted Scholarships to be used in promotional materials, brochures, flyers, print ads, and SAF websites. Athletes will not be identified by name on any promotional materials or photos unless permission has been granted by parent/guardian.

Acknowledgement and Signature

I hereby certify that all the above information is true, correct and complete. I acknowledge that the failure to complete this entire application with supportive material and/or submission of false information may disqualify applicant from scholarship awards now and in the future. I also acknowledge that I have received and read a copy of the Athlete Scholarship Guidelines and agree to adhere to its provisions.

Athlete Signature

Date

Parent / Guardian Signature

Date

SAF Code of Conduct and Volunteer Commitment

Team member and parents will:

- a) Treat everyone, including other athletes, staff, volunteers and parents, with respect and honesty;
- b) Be a positive role model to other athletes;
- c) Not be a bully;
- d) Report concerns or worries;
- e) Follow the rules of the Mountain and maintain good citizenship;
- f) Not leave the group without notifying an adult (coach); and,
- g) Volunteer time toward SAF fundraising and other activities.

If applicant's conduct is less than satisfactory a verbal or written warning may be issued and/or benefits may be revoked or suspended immediately.

If parents and/or applicant do not sign up for volunteer duties a first reminder will be issued. Should the lack of participation in SAF volunteer activities continue, applicant may lose eligibility for future scholarship consideration.

I hereby acknowledge that I have read, understand and accept the terms in SAF Code of Conduct and Volunteer Commitment.

Athlete Signature

Date

Parent/Guardian Signature

Date



SAF Athletic Scholarship Coach Recommendation Form

Instructions to Applicant

Please type or print your name and give this form to one of your past athletic coaches with a stamped envelope addressed for them to return it to SAF.

Applicant Name: _____

Name of Recommending Coach: _____

Instructions to the Parent / Guardian

Please read and sign the statement below. For the Applicant named above, I authorize the coach named above to provide an honest evaluation of the Applicant's performance and potential to SAF for the purposes of review for the Athletic Scholarship Application. I acknowledge that I waive my right to read the completed confidential coach recommendation form.

Parent / Guardian Signature

Date

Instructions to Coach

SAF strives to support snow sports athletes who are dedicated, talented, and generally well-rounded individuals respected by their community. We appreciate your willingness to complete this form and participate in this process. This recommendation will remain confidential.

Your Name: _____

Your Position: _____

Your Best Contact Phone #: _____

Your Email Address: _____

Athletic Qualities

Please score each as: (1) No Opportunity to observe; (2) Below Average; (4) Average; (5) Above Average; or (6) One of the Best Ever.

Off-season Work-Out Routine: _____

In-Season Work Ethic: _____

Attention Span/Coach-ability: _____

Athletic Potential: _____

Motivation: _____

Self-Analysis and Improvement Skills: _____

Personal Qualities

Please score each as: (1) No Opportunity to observe; (2) Below Average; (4) Average; (5) Above Average; or (6) One of the Best Ever.

Leadership Potential: _____

Reaction to Criticism: _____

Reaction to Setbacks: _____

Personal Conduct: _____

Personal Integrity: _____

Concern for Others: _____

Ability to Act Independently: _____

Ability to Work Cooperatively: _____

General Questions

Please respond to the following questions using a separate sheet of paper if necessary:

- 1) Compare Applicant's achievement to his/her ability.
- 2) Describe Applicant's work ethic; self-motivation and drive; and team participation (consider whether absences have affected Applicant's performance).
- 3) Comment on Applicant as a person (consider maturity, integrity, behavior, relationship with peers, self-confidence).



**SAF Athletic Scholarship
Academic Recommendation Form**

Instructions to Applicant

Please type or print your name and give this form to a personal reference with a stamped envelope addressed for them to return it to SAF.

Please type or print your name and give this form to one of your past athletic coaches with a stamped envelope addressed for them to return it to SAF.

Applicant Name: _____

Name of Recommender: _____

Instructions to Parent/Guardian

Please read and sign the statement below. For the Applicant named above, I authorize the person named above to provide an honest evaluation of the Applicant to SAF for the purposes of review for the Athletic Scholarship Application. I acknowledge that I waive my right to read the completed confidential personal recommendation form.

Parent / Guardian Signature

Date

Instructions to the Recommending Person

SAF strives to support snow sports athletes who are dedicated, talented, and generally well-rounded individuals respected by their community. We appreciate your willingness to complete this form and participate in this process. This recommendation will remain confidential.

Your Name: _____

Your Position: _____

Capacity in which you know Applicant: _____

Your Best Contact Phone #: _____

Your Email Address: _____

Personal Qualities

Please score each as: (1) No Opportunity to observe; (2) Below Average; (4) Average; (5) Above Average; or (6) One of the Best Ever.

Leadership Potential: _____

Reaction to Criticism: _____

Reaction to Setbacks: _____

Personal Conduct: _____

Personal Integrity: _____

Concern for Others: _____

Ability to Act Independently: _____

Ability to Work Cooperatively: _____

General Questions

Please respond to the following questions using a separate sheet of paper if necessary:

- 1) Compare Applicant's achievement to his/her ability.
- 2) Describe Applicant's work ethic; self-motivation and drive; and team participation (consider whether absences have affected Applicant's performance).
- 3) Comment on Applicant as a person (consider maturity, integrity, behavior, relationship with peers, self-confidence).