



You must submit your materials through the Front Office of Snowbird Outfitters, Inc. at thebird@swoutfitters.com.

For questions, please contact our office staff at 828-321-2210. Please complete this form in its entirety prior to submit-tal.

I, _____

give Snowbird Outfitters, Inc. permission to verify information requested for consideration in the Snowbird Scholarship initiative. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation written on my behalf. If selected for a Snowbird Scholarship, I understand that availability may be limited based on bookings, lodging, or the availability of chaperones.. I affirm that all of this application is my own work or formally cited from other sources. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Date _____ Signature _____

Applicant's legal name
in full
(Print/Type)

Last Name First Name M.I.

Church / Organization

Church / Organization Name

City State ZIP

Sponsor's legal name
in full
(if different)

Last Name First Name
M.I.

City State ZIP

Applicant telephone () _____

Organization tele- ()
phone
(if different) _____

E-mail
Address

Applicant's
Date of birth

Age

Month/Day/Year

1.) Describe the applicant's needs that warrant consideration for the Snowbird Scholarship initiative.

2.) Describe the level of involvement between the applicant and the local church or organization. (If applicable)

3.) Detail the steps taken by the local church or organization to alleviate the applicant's financial burden. (If applicable)