



Nordic Skiing Association of Anchorage
 203 W 15th Ave Suite 204
 Anchorage, AK 99501
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www.anchoragenordicski.com

Anchorage Junior Nordic: Scholarship Application

As a scholarship recipient, Junior Nordic asks that you become an NSAA member or put in volunteer time to help with the program.

Skier Name: _____ Age: _____ Birthday: _____

Parent Name: _____ Phone: _____

Address, City, State, Zip: _____

Email Address: _____

Please write a short note about the child and need for fee assistance. (We do not have specific financial criteria but look at whether the child would benefit from skiing, and whether they cannot participate without assistance.) Please also indicate how often the child can attend, we have limited capacity and want to make sure everyone benefits from the program.

Are you requesting a full or partial waiver of fees?

(1st session is \$150 and 2nd session is \$200 for NSAA members; a \$30 discount is applied when registering for both sessions.)

Will you need to borrow Jr. Nordic skis? (Note: we can loan skis to kids who need a fee waiver, but you will need to find ski boots and poles. Sometimes we have some poles and boots for loan, but not a full range of sizes. The ski boots need to fit NNN bindings.). Please let us know if you'll need them for First Session, Second Session or Both.

Which group would you like to ski with? (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Hillside M/W/Sat | <input type="checkbox"/> AFTER SCHOOL Hillside T/Th/Sat (sold out 2nd session) |
| <input type="checkbox"/> Hillside T/Th/Sat (sold out 2nd session) | <input type="checkbox"/> AFTER SCHOOL Kincaid M/W/Sat (sold out 2nd session) |
| <input type="checkbox"/> Kincaid M/W/Sat | <input type="checkbox"/> AFTER SCHOOL Kincaid T/Th/Sat (sold out 2nd session) |
| <input type="checkbox"/> Kincaid T/Th/Sat | |
| <input type="checkbox"/> Russian Jack M/W/Sat | |
| <input type="checkbox"/> Russian Jack T/Th/Sat (2nd session only) | |
| <input type="checkbox"/> AFTER SCHOOL Hillside M/W/Sat (sold out 2nd session) | |

Parent Signature: _____

Date: _____