



Mammoth Ski and Snowboard

P.O. Box 845, Mammoth Lakes, CA 93546

Travel Assistance Application

Travel Assistance Criteria:

- Must be a MSSEF Member in good standing and has sold all required MSSEF Raffle Tickets
- Age for Athletes is from Age 13 (minimum) as of 12/31/09. Athletes are eligible through the age of 19.
- Athlete must be currently enrolled in Junior High School, High School, or an accredited and supported Junior High School or High School Curriculum with College Preparatory courses.
- Assistance is only available for individuals who have **qualified** through their respective divisions. This covers Regional, National and International Events.
- Financial Assistance is toward the Published Package Price + MMSA Team Travel costs only. Receipts from Travel Expenses must accompany this Ski Education Foundation application. Supporting documentation showing amount of expenses paid by member's family must also be included. Disclosure of Scholarship funds awarded to applicant must also accompany this application.
- Award comes in the form of reimbursement, following the meeting of the above criteria at the end of the Winter Season.
- A copy of the final grade report for the 2009-2010 school year must accompany this application. Incomplete grades or courses will disqualify applicant.

Applications must be received by Mail Only by June 30, 2010 (No FAX, email or Drop Off Accepted)

Incomplete Applications Will NOT be considered and will be returned to applicant.

Please Mail to: MSSEF, P.O. Box 845, Mammoth Lakes, 93546

To Be Completed by Applicant

Date of Application:		
Name of Athlete:	Date of Birth:	
Mailing Address:		
City:	State:	Zip Code:
Contact Telephone:		
Grade of Athlete:	Team and Age Group:	School:
School Eligibility: YES NO	School Phone #	
Membership in MSSEF: YES NO	Sold Required Raffle Tickets: YES NO	
Volunteered for MSSEF Event or Project: YES NO Verified by:		
Current GPA:		
Athlete's Signature:		
Parent's Signature:		

Qualifying Race:	Date:	Published Package Price:
1		
2		
3		
4		
5		
6		
7		

To be completed by MSSEF

Date received by MSSEF:	Approved or Denied:	Date:
Check#	Amount:	
Made Payable to:		