



**Financial Assistance Request**  
*A new form must be filled out for each new request*

Date of Application: \_\_\_\_\_  
 Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone:( ) \_\_\_\_\_ Tahoe Phone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_  
 Competition Group: U14\_\_\_ U16\_\_\_ U18\_\_\_ U21\_\_\_ USSA/FIS #: \_\_\_\_\_  
 Ski Team Affiliation: \_\_\_\_\_  
 Coaches Name: \_\_\_\_\_

***Performance Profile***

<b>USSA/FIS Points:</b>	SL _____	GS _____	SG _____	DH _____
<b>National Age Ranking:</b>	SL _____	GS _____	SG _____	DH _____

Special Achievements or Awards: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Future Goals: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Why financial assistance is required: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What will the funds be used for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is the requested dollar amount: \_\_\_\_\_

**Return Completed Form by 11/30, 1/31 & 3/31 deadlines to:**  
 PO Box 435, Tahoe City, CA 96145  
 Email: laketahoeskiclub@gmail.com | Phone: 916.599.1562

Dear Coach,

Please give us your comments regarding the applicant racer in order for us to do the best job possible in awarding funds to your racers. Your cooperation and efforts to help develop Lake Tahoe Skiers is much appreciated.

1. Please give us your comments / input regarding the racers application for financial assistance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please give a brief description of the applicant's attitude, work ethic, scholastic status, willingness to cooperate or any other relevant attributes that you feel the applicant possesses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Coach Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Return Completed Form To:**  
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