

**Confidential**

### **Miles Humbaugh Memorial Scholarship**

*This application must be returned to [msmith@catamountski.com](mailto:msmith@catamountski.com) by October 11<sup>th</sup>. Scholarship recipients will be notified by November 1<sup>th</sup>, 2021.*

The Miles Humbaugh Memorial Scholarship (MHMS) aims to support youth ski racing by reducing the financial burden for families in need so that they can continue to participate in the Catamount Race Program. The MHMS committee will determine how the limited scholarship resources will be allocated annually. The current focus of the scholarship is to provide support to participants involved in Catamount's Interclub Race Program.

Please explain your circumstances and reason for the scholarship request. Please feel free to explain your family and financial situations that you believe merit consideration.

(Please note that we may ask for documentation of the above circumstances in order to finalize the decision process related to the scholarship.)

Please list expenses you expect to incur this season for the applicant and other family members involved in the race program.

<b>Expense</b>	<b>Applicant</b>	<b>Family Member</b>	<b>Family Member</b>	<b>Family Member</b>
Name				
Catamount Program (Devo/IC/Tristate)				
Catamount Race Program Fees				
Lift Tickets				
Race Fees				
Equipment				
Travel				
Other				

The Scholarship Fund generally aims to support 50% of the applicant's racing program fee and the cost of a season pass. Will you be requesting this level of support or additional support?

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**Parent’s Certification & Authorization**

We declare that the information on this form, to the best of our knowledge and belief, is true and complete. We authorize transmission of this form to the MHMS Committee and understand that all information provided is strictly confidential. If requested by the MHMS Committee, we agree to send a copy of our latest income tax return or other pertinent financial information for consideration and evaluation of this application for scholarship. We also understand that it is our mutual responsibility to keep the information regarding this application process confidential and that all funds distributed will be applied directly to Catamount Race Program Fees following a positive determination of award.

Signature of Parent or Guardian		Date	
Signature of Parent or Guardian		Date	

Please submit completed application to: [peterchudy@mac.com](mailto:peterchudy@mac.com) by October 11th, 2021

**Miles Humbaugh Memorial Scholarship**

The Miles Humbaugh Memorial Scholarship does not discriminate or request information to make award decisions based on ethnicity, national origin, gender identity, sexual orientation, disability, religion or age, in accordance with Federal and State anti-discrimination laws. Scholarship award decisions are not subject to appeal and are fully within the discretion of the MHMS Committee.

Scholarship Applicant’s Name:

Date of Birth:

Age:

Applicant Address (all correspondence will be sent to this address):

Was the applicant a participant in the Catamount Interclub Race Program this past season? (Y/N)

How many years has the applicant participated in the interclub Race Program?

Is the participant considering racing in Catamount’s Tri-state Race Program? (Y/N)

Parent or Guardian:

Address:

Employer:

Telephone:

Email:

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Parent or Guardian:

Address:

Employer:

Telephone:

Email:

Please list other children dependent on parent's support:

Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship