



Glacier Nordic Ski Team Scholarship Application

CHYSL

Parent Name: _____ Phone: _____

Name of scholarship applicant: _____

Address: _____

City/State/Zip Code: _____

Email: _____

How many years have you been involved in GNST programs? _____

How much are you requesting in scholarship funds? _____

Please write a brief statement explaining your financial need:

Do you as a parent agree (or pledge) to:

1. Encourage your child to participate in as many practices and events as they can.

Signed: _____ Date: _____

Please scan (or take a picture) and email or mail the scholarship application to:

Glacier Nordic Ski Team

PO Box 403

Whitefish, MT 59937

glaciernordicskiteam@gmail.com