

**Application for NSP Eastern Division  
Avalanche Program Scholarship**  
*(Please Type or Print Clearly)*

# ***2018-2019 EASTERN DIVISION AVALANCHE PROGRAM SCHOLARSHIP***

***Open to all Eastern Division Avalanche Instructors***  
*(See minimum qualifications below)*

**Recipient to be reimbursed for up to \$2200.00 in expenses to attend either:**

**NATIONAL AVALANCHE SCHOOL**

**OR**

**THE INTERNATIONAL SNOW SCIENCE WORKSHOP**

**OR**

**Other Approved Avalanche Educational Workshop/Training Event**

*Minimum Qualifications*

- 1. Currently registered as a member of the National Ski Patrol*
- 2. Minimum of 4 years (including present year) as an instructor in the Eastern Division Avalanche Program.*

**Complete and return enclosed application via e-mail or regular mail to:**  
**Chuck Boyd, NSP Eastern Division Avalanche Program Supervisor**  
**38 White Water Turn**  
**Tariffville, CT 06081**  
chucknspavy@gmail.com

**Selection Process: Deadline for Submission: March 31, 2019**

Follow verification of the qualifications of the applicants, the Avalanche Program Supervisor will forward copies of the applications to a review committee composed of a selection of Avalanche program IT's and The Assistant Eastern Division Avalanche Supervisors. Each member will independently select the most favored applicant and notify the Avalanche Supervisor of their selection. The Division Avalanche Program Supervisor will tabulate the results and notify the winning applicant as soon as practicable. Reimbursement will follow submission of all expense receipts to the Eastern Div. Avalanche Supervisor. This scholarship, and its award, is subject to the Eastern Division budget approval process and is contingent on available funding.

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*(Please Type or Print Clearly)*

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
*(FIRST) (M.I.) (LAST)*

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
*(STREET OR P.O. BOX)*

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

NSP REG NUMBER \_\_\_\_\_ PATROL NAME \_\_\_\_\_ REGION \_\_\_\_\_

AVALANCHE INSTRUCTOR NUMBER \_\_\_\_\_ INSTRUCTOR CLASSIFICATION \_\_\_\_\_  
*(LEVEL I, LEVEL II, INSTRUCTOR TRAINER)*

NUMBER OF YEARS PATROLLING \_\_\_\_\_ NUMBER OF YEARS AS AN EASTERN DIVISION AVALANCHE INSTRUCTOR \_\_\_\_\_

**AVALANCHE COURSES IN WHICH APPLICANT WAS INSTRUCTOR OF RECORD OR AN ASSISTANT INSTRUCTOR IN LAST 4 YEARS (L1 AM 1/LEVEL I/LEVEL 2/OTHER):**

\_\_\_\_\_  
*(DATE) (LOCATION) (COURSE TYPE) (INSTRUCTOR CAPACITY)*

\_\_\_\_\_  
*(DATE) (LOCATION) (COURSE TYPE) (INSTRUCTOR CAPACITY)*

\_\_\_\_\_  
*(DATE) (LOCATION) (COURSE TYPE) (INSTRUCTOR CAPACITY)*

\_\_\_\_\_  
*(DATE) (LOCATION) (COURSE TYPE) (INSTRUCTOR CAPACITY)*

\_\_\_\_\_  
*(DATE) (LOCATION) (COURSE TYPE) (INSTRUCTOR CAPACITY)*

**BRIEFLY DESCRIBE YOUR CONTRIBUTIONS TO THE EASTERN DIVISION AVALANCHE PROGRAM DURING YOUR TIME AS AN INSTRUCTOR AND EXPLAIN WHY YOU BELIEVE THAT YOU SHOULD RECEIVE THIS SCHOLARSHIP:**

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**HOW WILL YOUR ATTENDANCE AT THE *NATIONAL AVALANCHE SCHOOL OR INTERNATIONAL SNOW SCIENCE WORKSHOP* BENEFIT YOU?**

**IT IS IMPORTANT THAT THE EASTERN DIVISION AVALANCHE PROGRAM ALSO BENEFIT DIRECTLY FROM YOUR ATTENDANCE AT THIS TRAINING. DESCRIBE SOME WAYS IN WHICH YOU COULD ENSURE THAT WHAT YOU LEARN AT THIS EVENT WOULD BE EFFECTIVELY TRANSMITTED TO OTHER DIVISION AVALANCHE INSTRUCTORS.**

***SEND COMPLETED FORM TO THE EASTERN DIVISION AVALANCHE PROGRAM SUPERVISOR TO BE RECEIVED NO LATER THAN March 31, 2017.***

**Chuck Boyd  
38 White Water Turn  
Tariffville, CT 06081  
860-508-5273  
chucknspavy@gmail.co**

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***DIVISION USE ONLY***

**RECEIVED** \_\_\_\_\_  
*(DATE)*

**DISTRIBUTED TO:**  
**I.T.'S AND A.D.D.** \_\_\_\_\_  
*(DATE)*

**DECISION:** \_\_\_\_\_

**APPLICANT  
NOTIFIED** \_\_\_\_\_  
*(DATE)*

**CHECK  
ISSUED** \_\_\_\_\_  
*(DATE)*

**DIVISION  
AVALANCHE  
SUPERVISOR** \_\_\_\_\_  
*(NAME)* *(SIGNATURE)*