

# EASEF

Eastern Amateur Ski Education Foundation – 1936 Saranac Ave. #126 – Lake Placid, NY 12946 (518) 302-6052

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## EASEF Athlete Development Grant Request Biographical Information

Date: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

USSA # \_\_\_\_\_ FIS # \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Dates Reachable at Home: \_\_\_\_\_

Winter/School Address: \_\_\_\_\_

High School(s) Attended: \_\_\_\_\_ Dates Attended \_\_\_\_\_ Date Graduated \_\_\_\_\_

College(s) Attended \_\_\_\_\_ Dates Attended \_\_\_\_\_ Date Graduated \_\_\_\_\_

Currently enrolled at: \_\_\_\_\_

As: Freshman \_\_\_ Sophomore Junior Senior

Fathers Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mothers Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father Employer \_\_\_\_\_ Mother Employer \_\_\_\_\_

### Other Family Members

Name	Age	Present School	Involved in Ski Racing – Y/N Where?
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____

Do your parents contribute to your ski racing ? Yes No

Are you self-supporting ? Yes No

Do your parents contribute to your siblings ski racing ? Yes No

**Financial Statement**  
(Parents, or yours if Self Supporting)

1. Income (Annual)  
Yours \$ \_\_\_\_\_  
  
Fathers \$ \_\_\_\_\_  
  
Mothers \$ \_\_\_\_\_

2. Other Income \$ \_\_\_\_\_  
(Include net income from business,  
profession, dividends, interest, etc.)

3. Total Income \$ \_\_\_\_\_  
(from IRS form 1040 or 1040A)

4. Total Federal Income Tax \$ \_\_\_\_\_  
(from IRS form 1040 or 1040A)

5. Assets

Home Value \$ \_\_\_\_\_  
Year Purchased \_\_\_\_\_

Bank Balances:

Checking \$ \_\_\_\_\_  
Savings \$ \_\_\_\_\_

Vehicles

1. \_\_\_\_\_ Value \$ \_\_\_\_\_  
2. \_\_\_\_\_ Value \$ \_\_\_\_\_  
3. \_\_\_\_\_ Value \$ \_\_\_\_\_

Liabilities

Mortgage Balance \$ \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_  
Rent – if renting \$ \_\_\_\_\_

Other (explain): \_\_\_\_\_

TOTAL ASSETS: \$ \_\_\_\_\_ TOTAL LIABILITIES \$ \_\_\_\_\_



**ATHLETE SUPPORT:**

Parents:	\$ _____
Own Earnings	\$ _____
Own Assets	\$ _____
Loans	\$ _____
Other Family	\$ _____
Grants, Scholarships, Racer Aid	(include applied to and confirmed)
_____	\$ _____
_____	\$ _____
_____	\$ _____
	<b>TOTAL \$</b> _____

To the best of my knowledge all the information included in this application is true and correct.

Father Signature \_\_\_\_\_

Mother Signature \_\_\_\_\_

Athlete Signature \_\_\_\_\_

Date Submitted \_\_\_\_\_

This form must be completed annually by any athlete/family requesting EASEF Racer Support Funds.

Complete an ALPINE GRANT REQUEST Form to request funding.

Completed forms should be e-mailed to:

Dirk Gouwens - [dgouwens@ussa.org](mailto:dgouwens@ussa.org)