COLLEGE SCHOLARSHIP APPLICATION

Personal Information

Name: _____ Phone # 1: (____)_____

Address: _____ Phone #2: (____)_____

City: _____ State: _____ Zip Code: _____

Education

Current level of education (circle one): High school 10 11 12 College 1 2 3 4 5+

If currently in high school, where do you plan on attending for your post high school education?

_____

If out of high school, what school are, or will, you be attending? _____

What is, or will be, your major course of study? _____

In the event I qualify for payment through the Wild Mountain Scholarship Program, I would like the payment to be made payable to _____, and to be mailed to me, in October, to the following address:
(Financial Institution)

Street Address: _____

City: _____ State: _____ Zip Code: _____

(Over)

Work Agreement

Winter Season (To be submitted each season, on or before December 1.)

I will be able to work from the _____ day of _____, through the _____ day of _____.
Date Month Date Month

Summer Season (To be submitted each season, on or before July 1.)

I will be able to work from the _____ day of _____, through the _____ day of _____.
Date Month Date Month

Other dates that I will be available to work:_____

_____

_____

Scholarship Agreement

I, _____, understand that in order to apply for the Wild Mountain Scholarship Program, that I must be at least a senior in high school. I understand that to be eligible for payment through the Wild Mountain Scholarship Program, I must turn in an essay with my first application, which includes the following information: Why I work at Wild Mountain. What I have learned by working at Wild Mountain. What could be done to make Wild Mountain a better place to work? And what my plans are for the future, where I think I will be, and what I will be doing 10 years from now. **I also agree to complete a new application and to fulfill my work agreement each season, as listed above, and to maintain clean disciplinary and attendance records throughout my employment.** Finally, I understand that Wild Mountain Scholarship payouts will be based on the fiscal year October 1 through September 30, and that payments will be made in October to qualifying team members.

Signature: _____ Date: _____

Internal use only Name:_____Payroll #:_____

Scholarship ☐ Accepted ☐ Declined If declined, why? _____

_____

1ST YEAR	2ND YEAR	3RD YEAR	4TH YEAR
Qualified ☐ Yes ☐ No	Qualified ☐ Yes ☐ No	Qualified ☐ Yes ☐ No	Qualified ☐ Yes ☐ No
Rate $._____/hr.	Rate $.___/hr.	Rate $.___/hr.	Rate $.___/hr
# of hours: _____	# of hours: _____	# of hours: _____	# of hours: _____
Check for $_____	Check for $ _____	Check for $ _____	Check for $ _____
Sent out on: _____	Sent out on: _____	Sent out on: _____	Sent out on: _____