

Scholarship Application
AAA Professional Avalanche Course

Name: _____ Age: _____
Address: _____
E-Mail Address: _____
Work phone: _____ Home phone: _____

Current employment description: _____
Year you joined the AAA: _____
Year you began working in the avalanche industry (if applicable): _____
Days per year you work professionally in the snow/avalanche industry (if applicable): _____

Please respond to the following. (Type answers on a separate sheet.)

1. Describe your snow/avalanche experience. (Including influential mentors, on the job training, and significant conditions that you learned a lot from.)
2. Provide detailed information on how the AAA Professional Avalanche Course will help you grow as a professional. "Where do you want to go from here?"
3. Describe a defining moment in your snow/avalanche career. OR
Describe a technique, realization, or practice *of your own* that has proven effective for minimizing avalanche risk.

REFERENCES

Please name two individuals who can speak specifically and knowledgeably of your current skills and your future plans as a snow and avalanche professional.

4. Name: _____
Employer: _____
Title: _____
Work phone: _____ Home phone: _____
E-Mail Address: _____

5. Name: _____
Employer: _____
Title: _____
Work phone: _____ Home phone: _____
E-Mail Address: _____

I hereby attest that all of the information provided is accurate and that I will, within one month of completing the AVPro course, provide a brief, written report of the course or activity to the AAA.

Signature: _____
Date: _____

Scholarship Application
AAA Professional Avalanche Course

The application will be reviewed by a review team made up of AAA representatives. Please send the application, along with a resume to:

American Avalanche Association
c/o Sarah Carpenter
496 W. Valley Dr.
Victor, ID 83455

Or via email to sarahlovesnow@yahoo.com

Deadline for application is OCTOBER 31, 2008