



Grant Application

Personal Information:

Name:

Date:

Mailing Address, Including Zip Code:

Home Phone:

Mobile Phone:

Work Phone:

E-Mail Address:

Title of Event:

Date(s) of Event:

Location of Event:

Cost of Event Registration:

Are you a full-time or part-time employee at Mount Snow? Full-time Part-time
Are You, Skier Rider Both

List all certifications you have in the various snowsport disciplines:

(PDP, PSIA, AASI, Medical, Rescue, National Ski Patrol, etc)

Briefly describe your snowsport teaching/coaching/rescue experience. Include the area, number of years, position etc.

In applying for this grant, you are carrying on the tradition of Bill Cooper's passion for teaching skiing and riding. What makes you passionate about sliding on snow?

What are your personal and professional goals in relation to the snowsports industry?

How will a grant from the William Y. Cooper Foundation help you, the Mount Snow Resort, and our guests?

How will you share the information gained from attending the event with the Mount Snow snowsports staff (e.g. on-snow clinics, indoor training sessions, special programs such as children’s programs, senior programs, adaptive programs, etc.)

Agreement:

In order to receive reimbursement from the Foundation for this event. I agree to briefly share information I have learned with my supervisor, complete a one page written report, and submit the reimbursement form within 60 days of the event.

Signature:

Date:

Approval of Core Area Supervisor at Mount Snow:

Signature:

Date:

Download this form, fill it in, save it, email it to Mo. Or old fashion print it and give it to Mo.

Maureen Drummey

Ski Ride School, Senior Manager

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“An Experience of a Lifetime”

For Foundation Use Only:

Approval Date:

Event Registration Amount:

Est. Mileage Amount: