



ADK-NFC Education/Program Scholarship Application

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ ADK Member Number: _____

Email Address: _____

Education/Program Information

All parts of this section must be filled out to the best of your ability. Scholarships to Winter Mountaineering School are considered separate from other scholarship opportunities and will be awarded to those specific rules. Please direct any questions regarding this application to the Chairperson or Education Chair. Please send completed application to the Chairperson or Education Chair.

Is this class offered by the ADK or affiliated organization?

- Yes No Not Sure

If "No" or "Not Sure" write in organization/ instructor _____

What is the Education/Program title?

- Winter Mountaineering School Other _____

Where is the program to be held?

- ADK Loj Lake George Other _____

Upon completion of this program are you able and willing to conduct an outing/training on the subject?

- Yes No Not sure at this time

Course Cost: _____ **Course Date:** _____