

Dodge Ridge National Ski Patrol

SCHOLARSHIP REQUEST

Claims must be submitted for reimbursement within 60 days of the event date, or May 1, whichever is earlier. Please submit this Request to the Scholarship Committee Chair.

Name:	Request Date:	
Address:	Date Approved:	
City, State:	Claim Submittal:	
Zip code:	Check Number:	

Event	Event Description	Travel **			Lodging	Registration	Total
Date(s)	and Location	Air Fare Cost	Miles	rate	\$30.00/day	Fee	
				\$0.30			\$0.00
				\$0.30			\$0.00
				\$0.30			\$0.00
				\$0.30			\$0.00
				\$0.30			\$0.00
				\$0.30			\$0.00
				\$0.30			\$0.00
				\$0.30			\$0.00
				\$0.30			\$0.00
				\$0.30			\$0.00
				\$0.30			\$0.00
	Expense Totals	\$0.00	0	\$0.30	\$0.00	\$0.00	\$0.00

Mail To:

** Please see page 2, INSTRUCTIONS, for travel rules & reimbursement rates.

Describe your educational goals, how this event will help you to attain those goals:

Mike Loy Scholarship Cmte. Chair 701 Bucknell Drive San Mateo, CA 94402 650-222-0222 mikeloy07@gmail.com

How many classes have you taken in the last two years?