



# high fives

www.highfivesfoundation.org

SCHOLARSHIP APPLICATION

P.O. Box 3212  
Truckee, CA 96160  
EIN #26-4275773

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ (mm/dd/yyyy) Sex: \_\_\_\_\_ (Male/Female)

Birthplace: \_\_\_\_\_ Current Town: \_\_\_\_\_

## CONTACT

Phone: \_\_\_\_\_ (cell) Address: \_\_\_\_\_

\_\_\_\_\_ (home) \_\_\_\_\_

Email: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Website: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## INJURY INFO

Date of Injury: \_\_\_\_\_

Explanation of Injury: (attach a separate sheet)

Doctor: \_\_\_\_\_

Hospital: \_\_\_\_\_

Current Mountain: \_\_\_\_\_