



Alpine Bank

IMOGENE PASS RUN/ALPINE BANK SCHOLARSHIP PROGRAM

DEADLINE FOR RECEIPT OF ALL APPLICATIONS: April 21, 2023

Please mail the completed application to:

Imogene Pass Run Scholarship Committee

c/o Alpine Bank, Attn: Andrew Karow

P.O. Box 2040

Telluride, CO 81435-2040

In addition, the Coach/Athletic Director recommendation must be mailed directly to the Imogene Pass Run Scholarship Committee. Please provide your Coach/Athletic Director with a postage-paid envelope addressed to:

Imogene Pass Run Scholarship Committee

c/o Alpine Bank, Attn: Andrew Karow

P.O. Box 2040

Telluride, CO 81435-2040

No late applications will be considered! Get your applications in by April 21, 2023!

IMOGENE PASS RUN/ALPINE BANK SCHOLARSHIP PROGRAM

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NAME: _____

MAILING ADDRESS:

PHONE: _____

HIGH SCHOOL ATTENDED (circle one): TELLURIDE OURAY RIDGWAY NORWOOD SILVERTON

GPA: _____

COLLEGE TO ATTEND IN FALL OF 2023: _____

INTENDED MAJOR: _____

DO YOU PLAN TO COMPETE IN ANY INTERSCHOLASTIC SPORT(S) IN COLLEGE AND IF SO, WHICH ONE(S)**:

** (This will not be taken into account for scholarship purposes)

SPORTS PARTICPATION

YEAR OF SCHOOL	CROSS-COUNTRY	TRACK & FIELD	OTHER SPORTS
FRESHMAN			
SOPHOMORE			
JUNIOR			
SENIOR			

LIST YOUR TRACK & FIELD EVENTS & BEST TIMES:

HAVE YOU EVER RUN IN THE IMOGENE PASS RUN: _____ YES _____ NO

HAVE YOU EVER VOLUNTEERED AT THE IMOGENE PASS RUN: _____ YES _____ NO

ADDITIONAL DOCUMENTS REQUIRED FOR COMPLETE APPLICATION:

____ LETTER OF RECOMMENDATION FROM COACH/ATHLETIC DIRECTOR (See attached. Must be returned under separate cover directly to the Scholarship Committee)

____ STATEMENT OF INTEREST. Please tell us in your own words what your participation on your school's track and field/cross country teams has meant to you. Please be as specific as possible and as descriptive as possible. This is your chance to let us know why running and your participation on your school's teams has been important to you, and why you deserve a scholarship from the Imogene Pass Run. Attach additional pages as necessary. 500 word maximum.

IMOGENE PASS RUN/ALPINE BANK SCHOLARSHIP APPLICATION

COACH/ATHLETIC DIRECTOR RECOMMENDATION

NAME OF ATHLETE: _____

SCHOOL ATTENDED: _____

COLLEGE TO ATTEND IN FALL OF 2023: _____

NAME OF COACH/ATHLETIC DIRECTOR: _____

PHONE NUMBER OF COACH/ATHLETIC DIRECTOR: _____

Dear Coach/Athletic Director,

The athlete listed above has applied for a scholarship from the Imogene Pass Run to assist them in furthering their education at the school listed above. We are interested in obtaining from you some idea as to the athlete's commitment, effort, and performance during the years you have coached them.

Please complete the information listed below and make any additional comments as you see fit in the space provided below.

Coach_____Athletic Director_____

How long have you known the athlete: _____

Compared to other athletes I have coached this athlete's commitment ranks in the:

Bottom 25%_____ Middle 50%_____ Top 25%_____ Best Ever_____

Compared to other athletes I have coached this athlete's effort ranks in the:

Bottom 25%_____ Middle 50%_____ Top 25%_____ Best Ever_____

Compared to other athletes I have coached this athlete's performance ranks in the:

Bottom 25%_____ Middle 50%_____ Top 25%_____ Best Ever: _____

Compared to other athletes I have coached this athlete's leadership skills rank in the:

Bottom 25%_____ Middle 50%_____ Top 25%_____ Best Ever: _____

Does this student plan to compete in interscholastic sports in college:____Yes____No____Don't know

Please feel free to add any other information that you think would be helpful to know about this athlete (attach additional pages as necessary):

Please mail this application directly to: Imogene Pass Run Scholarship Committee, c/o Alpine Bank, Attn: Andrew Karow, P.O. Box 2040, Telluride, CO 81435-2040