



#### IMOGENE PASS RUN/ALPINE BANK SCHOLARSHIP PROGRAM

**DEADLINE FOR RECEIPT OF ALL APPLICATIONS: April 15, 2024** 

Please mail the completed application to:

**Imogene Pass Run Scholarship Committee** 

c/o Alpine Bank, Attn: Barb Latham

119 Liddell Drive

Ridgway, CO 81432

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: Barb Latham

119 Liddell Drive

Ridgway, CO 81432

No late applications will be considered! Get your applications in by April 15, 2024!

## IMOGENE PASS RUN/ALPINE BANK SCHOLARSHIP PROGRAM

### **DEADLINE FOR RECEIPT OF ALL APPLICATIONS: April 15, 2024**

NAME:			
MAILING ADDRESS:			
PHONE:			
			Y NORWOOD SILVERTON
GPA:	_		
COLLEGE TO ATTEND	IN FALL OF 2024:		
INTENDED MAJOR:			
DO YOU PLAN TO COM WHICH ONE(S)**:		CHOLASTIC SPORT(S) I	
**(This will not be taken in	•	purposes)	
YEAR OF SCHOOL FRESHMAN	CROSS-COUNTRY	TRACK & FIELD	OTHER SPORTS
SOPHOMORE JUNIOR			
SENIOR			
LIST YOUR TRACK &	FIELD EVENTS & BEST	TIMES:	
HAVE YOU EVER RUN	N IN THE IMOGENE PAS	S RUN:YES	_NO
HAVE YOU EVER VOI	LUNTEERED AT THE IM	OGENE PASS RUN:	YESNO
ADDITIONAL DOCUM	IENTS REQUIRED FOR (	COMPLETE APPLICATION	ON:
	COMMENDATION FRO		
school's track and field/c descriptive as possible. T school's teams has been i	OF INTEREST. Please tell peross country teams has me whis is your chance to let us important to you, and why ages as necessary. 500 wor	ant to you. Please be as a sknow why running and yo you deserve a scholarship	our participation on your

### IMOGENE PASS RUN/ALPINE BANK SCHOLARSHIP APPLICATION

	THLETE:
TATEMEN	T OF INTEREST (500 word maximum)(attach additional pages as necessary):
ELL US AF	BOUT YOUR BEST RUN EVER:
ELL US AF COMPETED	BOUT THE HARDEST RACE YOU HAVE RUN OR TRACK EVENT YOU HAVE IN:

### **IMOGENE PASS RUN/ALPINE BANK SCHOLARSHIP APPLICATION**

# COACH/ATHLETIC DIRECTOR RECOMMENDATION

NAME OF ATHLET	E:			
SCHOOL ATTENDE	D:			
COLLEGE TO ATTE	END IN FALL OF 20	)24:		
NAME OF COACH/A	ATHLETIC DIRECT	OR:		
PHONE NUMBER C	OF COACH/ATHLET	ΓIC DIRECTOR:		
Dear Coach/Athletic	Director,			
in furthering their edu	cation at the school l	isted above. We are in	m the Imogene Pass Run to assist the terested in obtaining from you soming the years you have coached ther	e
Please compl the space provided be		sted below and make a	ny additional comments as you see	fit in
CoachAthletic	Director			
How long have you k	nown the athlete:			
Compared to other atl	nletes I have coached	this athlete's commitr	nent ranks in the:	
Bottom 25%	Middle 50%	Top 25%	Best Ever	
Compared to other atl	nletes I have coached	this athlete's effort ra	nks in the:	
Bottom 25%	Middle 50%	Top 25%	Best Ever	
Compared to other atl	nletes I have coached	this athlete's performa	ance ranks in the:	
Bottom 25%	Middle 50%	Top 25%	Best Ever:	
Compared to other atl	nletes I have coached	this athlete's leadersh	ip skills rank in the:	
Bottom 25%	Middle 50%	Top 25%	Best Ever:	
_	_	_	ege:YesNoDon't	
Please feel free to add (attach additional pag		on that you think would	d be helpful to know about this athl	ete