

MIKE O'LEARY
Memorial Avalanche Education Scholarship

Date: _____

Name: _____

Email: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Phone #: _____

Course you would like to attend: _____

Course Location and Provider: _____

Cost of Course: _____

Please explain why you need and want this scholarship

Please submit via email to info@alaskasnow.org
or by mail to AAIC PO Box 911 Valdez, AK 99686