

## THE HANS SAARI MEMORIAL FUND

### EDUCATION SCHOLARSHIP

The Hans Saari Education Scholarship encourages professional and recreational skiers to improve their skills and experience levels by participating in educational programs, whether academic or experiential, that address avalanche mechanics and safe mountain travel. While the scholarships may not cover the entire costs associated with these programs, they may offset the direct costs related to tuition or application fees.

**Scholarships are awarded twice a year. Application deadlines are February 26 and August 30.** Scholarship applications may be made electronically or sent by mail, postmarked no later than the due date. Applications, including those submitted electronically, must include necessary signatures to be considered. Questions regarding the application process may be submitted to [info@hansfund.org](mailto:info@hansfund.org)

#### Scholarship requirements

- US Citizen
- 18 or older unless otherwise qualified under the program being considered
- Scholarships are intended for individuals only
- Scholarships may be used for instruction or similar programs
- All scholarships are unconditional
- Within two months of participation in program or other use of scholarship funds, recipients must write a report, for use by the Fund, detailing the experience and how they intend to use the skills or experience gained in the future
- If, for any reason, the scholarship objective is canceled or significantly changed, or scholarship recipient is unable to attend or is not accepted into the specified program, awarded funds must be returned to the HSMF
- Successful scholarship recipients may be asked to give a slide show or other presentation regarding the use of the scholarship funds at the HSMF's Annual Meeting

#### Submit application to:

The Hans Saari Memorial Fund  
[info@hansfund.org](mailto:info@hansfund.org)  
406-556-1275

or The Hans Saari Memorial Fund  
P.O. Box 10478  
Bozeman, Mt 59719

# THE HANS SAARI MEMORIAL FUND EDUCATION SCHOLARSHIP

## APPLICATION

- **Submit electronically or by mail.** For consideration, applicants must include signature and initials in all indicated locations on Application and Release Agreement. Application and Release Agreement must be received electronically or be postmarked by application deadlines, February 26 for spring grants or August 30 for fall awards.
- Type or print clearly

Name (Last, First, Middle): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

**Please answer the following questions and submit with the application and Agreement.**

- 1.) How did you hear about the Hans Saari Memorial Fund Scholarship?
- 2.) What is the program for which scholarship is sought (ISSW tuition, ski camp, etc.)? Please provide organization's name, course title, and contact information.
- 3.) Please summarize your previous ski and avalanche education or experience.
- 4.) Explain how this program will further your avalanche skill and experience level.
- 5.) How will you prepare for the program you plan to attend?
- 6.) What are strengths will help you on this project and what skills would you like to improve during the project?
- 7.) What about mountains and skiing most inspires you?

By my signature, I agree that:

- All of the information presented here is accurate and true.
- Any awarded funds will be used for the purposes stated and any changes in the proposed activity will be reported to the HSMF.
- If, for any reason, the program is canceled or significantly changed or I am unable to attend or participate, awarded funds must be returned to the HSMF.
- I will be responsible for any taxes that may apply to the award received.
- In any presentations, lectures, or slide shows about my scholarship fund activity, I will state that I received an HSMF scholarship and will include an HSMF slide (sent to all winners) in my presentation.

Signed: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Date: \_\_\_\_\_ (for tax purposes only)



## RELEASE AGREEMENT

### Release and Discharge, Acceptance of Responsibility and Acceptance of Risks

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. YOU MUST READ AND UNDERSTAND IT BEFORE INITIALING OR SIGNING IT. FOR RECIPIENTS UNDER 18, THIS DOCUMENT MUST BE SIGNED AND INITIALED AT ALL INDICATED LOCATIONS BY A PARENT OR LEGAL GUARDIAN

*Although the Hans Saari Memorial Fund Education Committee and Board of Directors look to criteria to review scholarship applications and strive to select responsible participants to receive Hans Saari Scholarship Funds, the Education Committee and Board of Directors do not oversee, supervise, or take responsibility for any aspect of the programs or other activities that participants choose to undertake. In addition, the Education Committee and Board of Directors may, from time to time, contract with individuals or organizations that are independent contractors (not employees or agents of the Hans Saari Memorial Fund) to conduct certain training courses in which participants may choose to participate. Although reasonable efforts are made to locate responsible contractor, the Hans Saari Memorial Fund does not supervise or control these contractors and are not responsible for their conduct.*

Name \_\_\_\_\_

If under age 18, name of parent or guardian: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

In consideration of the services of and scholarship funds granted by The Hans Saari Memorial Fund, and each of their respective agents, employees, officers, directors, trustees, representatives, independent contractors, volunteers, and all other persons or entities associated or affiliated with them (collectively referred to in this Document as 'HSMF'), I, the above named person, being above age 18, or the legal guardian of the above named person who is under age 18, hereby acknowledge, agree and promise and covenant to release and discharge the HSMF on behalf of myself, my heirs, assigns, personal representatives and estate as follows:

## ACKNOWLEDGEMENT OF RISK

I understand and acknowledge that the activity for which I am receiving this scholarship in and which I voluntarily engage in bears certain risks that could result in injury, death, illness, disease, physical or mental, or damage to my property. Among these risks are the following:

1. Acts or omissions in any degree of the HSMF, its agents or employees, and other persons or entities
2. the nature of the activities themselves such as, mountaineering, rock climbing, ice climbing, skiing, and any combination thereof;
3. the acts of other participants in these activities;
4. weather conditions;
5. contact with plants or animals;
6. my own physical condition, or my own acts or omissions;
7. condition of roads, trails, waterways or terrain, and accidents connected with their use and the use of vehicles of approach, including, but not limited to land vehicles, aircraft, fixed and rotary wing;
8. first-aid, emergency treatment, or other services rendered;
9. consumption of food or drink.

I understand and acknowledge that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, may also result in injury, death, illness, disease, or damage to my property

I have read this section and initial it to show that I understand and agree: \_\_\_\_\_

## RELEASE AND INDEMNITY

I hereby voluntarily release and forever discharge the HSMF from any and all liability, claims, demands, actions or rights of action, which are related to this of scholarship award, or are the result activities for which the scholarship is received: including specifically, but not limited to, the acts of the HSMF for all injury, death, illness, disease or damage to my property.

I further agree, promise and covenant to hold harmless and indemnify the HSMF for any liabilities, demands, claims, or actions caused by actions or activities for which the scholarship was received. I agree, promise, and covenant not to sue, assert or otherwise maintain or assert any claim against the HSMF for any injury, death, illness, disease or damage to my property, arising from the receipt of said grant or connected with my participation in the activities for which the scholarship was received.

I have read this section and initial it to show that I understand and agree: \_\_\_\_\_

**ACKNOWLEDGEMENT OF EFFECT OF THIS RELEASE AGREEMENT**

I understand and acknowledge that by initialing and signing this document I have given up certain legal rights and/or possible claims which I might otherwise assert or maintain against the HSMF including specifically, but not limited to, rights arising from the acts or omissions of the HSMF.

It is agreed and understood by and between the parties that any legal dispute arising out of the Agreement is to be adjudicated under the laws of the State of Montana.

It is also agreed and understood by and between the parties that if any Court should vacate or strike any portion of this Agreement, such vacating or striking will not affect any other portion of this Agreement.

I have read this section and initial it to show that I understand and agree: \_\_\_\_\_

**ENTIRE AGREEMENT**

I understand that this is the entire agreement between me and the HSMF, and it cannot be modified or changed in any way by the representations or statements of any employee or agent of the HSMF, or by me.

I have read this section and initial it to show that I understand and agree: \_\_\_\_\_

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

DATE: \_\_\_\_\_

SIGNATURE OF RECIPIENT: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (if under age 18): \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_