



Summer Scholarship Application

**THIS APPLICATION IS FOR THE 2010 SUMMER SEASON ONLY.
APPLICATIONS MUST BE POSTMARKED BY FRIDAY, MAY 14, 2010.
VERY IMPORTANT! LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

PLEASE REVIEW SCHOLARSHIP GUIDELINES.

PLEASE CALL (970)923-0578 IF YOU HAVE QUESTIONS REGARDING YOUR ABILITY TO COMPLETE THIS FORM.

Participants who demonstrate financial need may apply for a scholarship to participate in summer activities. If you receive a scholarship, it is your responsibility to make a reservation at your earliest convenience.

You are required to submit a copy of your 2009 income tax return with this application in order to be eligible for financial aid.

APPLICANT NAME _____ CONTACT TELEPHONE _____

IF UNDER 18, LEGAL PARENT/GAURDIAN NAME(S) _____

HOME ADDRESS _____ CELL TELEPHONE _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

EMPLOYED BY _____ EMPL. TELEPHONE _____

EMPLOYER ADDRESS _____

POSITION _____ HOW LONG HAVE YOU BEEN IN THIS POSITION? _____

MONTHLY INCOME

SALARY \$ _____
SPOUSE SALARY \$ _____
ADDITIONAL \$ _____ (SOCIAL SECURITY, MEDICAID, REAL ESTATE, DISABILITY, RETIREMENT, ETC.)
TOTAL \$ _____

MONTHLY EXPENSES

RENT/MORTGAGE \$ _____
CAR PAYMENTS \$ _____
ALIMONY/CHILD SUPPORT \$ _____
OUT OF POCKET MEDICAL \$ _____ DESCRIPTION _____
OTHER MONTHLY DEBTS \$ _____ DESCRIPTION _____
TOTAL \$ _____

PLEASE DESCRIBE YOUR FINANCIAL SITUATION/REASON FOR SCHOLARSHIP ASSISTANCE. _____

I HEREBY REPRESENT THAT THIS APPLICATION IS TRUE AND ACCURATE AND FULLY REFLECTS MY FINANCIAL CONDITION ON THE DATE SHOW BELOW.

APPLICANT OR GUARDIAN SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____



Summer Programs - Scholarship Application

**THIS APPLICATION IS FOR THE 2010 SUMMER SEASON ONLY.
APPLICATIONS MUST BE POSTMARKED BY FRIDAY, MAY 14, 2010.
VERY IMPORTANT! LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
PLEASE REVIEW SCHOLARSHIP GUIDELINES.**

PLEASE CALL (970)923-0578 IF YOU HAVE QUESTIONS REGARDING YOUR ABILITY TO COMPLETE THIS FORM.

Have you previously been awarded financial aid for SUMMER programs? YES NO

If yes, please indicate what you have been awarded in years past. _____

For how many years have you been receiving financial aid? _____

Active participants with year-round special events and fundraising initiatives (E.g., Ducky Derby sales, volunteering, etc.) are given special consideration when reviewing scholarship requests. We encourage all participants to promote our programs in this way and look to reward those who do. Please indicate your contribution(s) towards these initiatives.

SUMMER CAMPS:

Camp Name	Dates	Cost	Amount Requested
Art Camp	June 21 – 25	\$600	
Outdoor Adventure Camp	July 5 – 9	\$650	
Music and Dance Camp	July 19 – 23	\$700	
Just for Teens Camp	July 27 – 30	\$600	
Adult Adventure Camp	August 9 – 13	\$700	

CHALLENGE ASPEN OFFICE USE ONLY:

STAFF AUTHORIZATION _____ DATE _____