



Winter Scholarship Application

THIS APPLICATION IS FOR THE 2011-12 WINTER SEASON.

PLEASE CALL CHALLENGE ASPEN @ 970.923.0578 IF YOU HAVE QUESTIONS REGARDING YOUR ABILITY TO COMPLETE THIS FORM.

****ALL SCHOLARSHIP APPLICATIONS MUST BE POSTMARKED BY NOVEMBER 15TH****

Participants who demonstrate financial need may apply for a scholarship to participate in winter 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 most recent tax return with this application in order to be eligible for financial aid.**

APPLICANT NAME _____ CONTACT TELEPHONE _____

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

HOME ADDRESS _____ CELL/FAX/TELEPHONE _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

EMPLOYER _____ EMPLOYER TELEPHONE _____

EMPLOYER ADDRESS _____

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

MONTHLY INCOME

SALARY \$ _____

SPOUSE'S SALARY \$ _____

ADDITIONAL \$ _____

TOTAL \$ _____

(SOCIAL SECURITY, MEDICAID, REAL ESTATE, DISABILITY, RETIREMENT, ETC.)

MONTHLY EXPENSES

RENT/MORTGAGE \$ _____

CAR PAYMENTS \$ _____

ALIMONY/CHILD SUPPORT \$ _____

OUT OF POCKET MEDICAL \$ _____

OTHER MONTHLY DEBTS \$ _____

TOTAL \$ _____

DESCRIPTION _____

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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 SHOWN BELOW.

APPLICANT OR GUARDIAN SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____



Winter Programs - Scholarship Application

Have you previously been awarded financial aid for WINTER 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.

WINTER LESSONS:

Avail. Program	Cost	Quantity Requested	\$ Amount Requested	\$ Amount Awarded
Full-Day Lesson	\$225	_____	_____	_____
Half-Day Lesson	\$140	_____	_____	_____

INDIVIDUAL SKI BUDDY:

Avail. Program	Cost	Quantity Requested	\$ Amount Requested	\$ Amount Awarded
Full Day	\$50	_____	_____	_____
Half Day	\$40	_____	_____	_____

LOCAL'S PASS:

Season Pass Price	\$ Amount Requested	\$ Amount Awarded
_____	_____	_____

CAMPS:

Camp Requested	\$ Amount Requested	\$ Amount Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHALLENGE ASPEN OFFICE USE ONLY:

STAFF AUTHORIZATION _____ DATE _____