



2018/2019 AVSC ASPEN SUPPORTS KIDS NEED BASED SCHOLARSHIP APPLICATION

Please mail to: Meredith Elwell, 300 AVSC Drive, Aspen, CO 81611 Fax: 970.925.5290
Questions? Contact: ASK Director, Meredith Elwell, melwell@teamavsc.org, 970-205-5161

NAME:

SCHOLARSHIP DEADLINE – FRIDAY, OCTOBER 19, 2018 BY 5PM

Aspen Supports Kids participants (SnoWarriors, SnoCru , Ridge Runners) **are eligible for up to the total cost of program fees less \$100.** Scholarships are NOT available for the Aspenauts, Bighorns, SnoBandits, Powder Pandas or Cross-Over programs. Funds are limited, based on family income and the content of the explanatory letter. As a scholarship recipient, your child will be required to send a thank you letter to an AVSC Donor and to AVSC.

COMPLETED SCHOLARSHIP APPLICATION INCLUDES

- Register online, www.teamavsc.org or fill out paper form and hand in together
- Scholarship Application Form - Only one form is required per family.
- 2017 Tax Returns – Two -parent households filing separate returns must attach 2017 tax returns from both individuals. All information is confidential.
- Explanatory Letter - On a separate sheet, please state why you are requesting a scholarship. Include comments on any special circumstances influencing your financial position which AVSC should consider in the decision making process.
- Partial Payment - **\$100 per child.** If you do not receive a scholarship this payment will be applied towards program fees or refunded if your child withdraws due to financial circumstances.

DATE:

ALPINE AND SNOWBOARD EQUIPMENT SCHOLARSHIPS

*Limited quantities are available and are not guaranteed. Apply early to be considered.

Please List Shoe Size: _____ Height of Child: _____ Weight of Child: _____

- Check if you would you like to be considered for **free ski equipment** from Gorsuch Ltd.
- Check if you would like to be considered for **snowboarding equipment** from D&E/ Four Mountain Sports.

FAMILY INFORMATION

- Check here if you are also applying for a 2018 Buddy Program Winter Scholarship.

Participant's Name: _____ Program: _____ Program Fee: \$ _____

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Total Program Fee(s) \$ _____

\$100 per child - Partial Payment Paid \$ _____

Total Amount Requested \$ _____

Parent Signature: _____ Print Name: _____ Date: _____

I hereby acknowledge that the information on this application is true and accurate. I understand that if any information on this application form is not true or accurate, then AVSC has the right to terminate any scholarship award. At such time the applicant will be obligated to repay the AVSC the total amount of the scholarship awarded. AVSC also has the right to terminate any scholarship award should the balance of the program fee, after scholarship, not be paid within the designated time. Recipient must abide by the AVSC Code of Conduct. Disciplinary actions within AVSC, school or with the local authorities may revoke award. I have read and understand all my obligations and responsibilities as a scholarship applicant/recipient.

Office Use Only : Registration Form Tax Returns Explanatory Letter \$100 Per Participant