



## 2019/2020 AVSC ASPEN SUPPORTS KIDS NEED BASED SCHOLARSHIP APPLICATION

Please mail to: Meredith Elwell, 300 AVSC Drive, Aspen, CO 81611

Or send via email: [scholarships@teamavsc.org](mailto:scholarships@teamavsc.org)

Questions? Contact: ASK Director, Meredith Elwell, [melwell@teamavsc.org](mailto:melwell@teamavsc.org), 970-205-5161

NAME:

DATE:

### SCHOLARSHIP DEADLINE – FRIDAY, OCTOBER 18, 2019 BY 5PM

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

### COMPLETED SCHOLARSHIP APPLICATION INCLUDES

- ☐ Register online, [www.teamavsc.org](http://www.teamavsc.org)
- ☐ Completed registration and \$100 per child deposit paid - 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.
- ☐ Scholarship Application Form - One form per family.
- ☐ 2018 Tax Returns – Two -parent households filing separate returns must attach 2018 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 for your child. This should be written by the PARENT of the participant.

### FAMILY INFORMATION

ARE YOU APPLYING FOR A BUDDY PROGRAM SCHOLARSHIP (circle yes or no) YES / NO

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

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Total Program Fee(s) \$ \_\_\_\_\_

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

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 : ☐ Online Registration & Deposit ☐ Tax Returns ☐ Explanatory Letter