



2021/2022 AVSC ASK SCHOLARSHIP APPLICATION

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

Or send via email: scholarships@teamavsc.org

Questions? Contact: ASK Director, Meredith Elwell, melwell@teamavsc.org, 970-205-51

NAME:

DATE:

SCHOLARSHIP DEADLINE - MONDAY, NOVEMBER 1, 2021 BY 5PM

Aspen Supports Kids participants (Snowwarriors Snowmass, Snowwarriors Buttermilk and Ridgerunners Highlands) are eligible for up to the total cost of program fees less \$100 deposit due at the time of registration. Scholarships are NOT available for the SnoBandits, Aspenauts, Bighorns, Powder Pandas programs. Funds are limited and distributed based on family income and the content of the parent explanatory letter. As a scholarship recipient, your child will be required to send two thank you letters to an AVSC Donor at the conclusion of the season.

COMPLETED SCHOLARSHIP APPLICATION CHECKLIST

- Register online, 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.
- 2020 Tax Returns - Two-parent households filing separate returns must attach 2020 tax returns from both individuals. All information is confidential. If you are unable to supply your 2020 Tax Return, please send in supporting documents for the questions below.
- 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 FINANCIAL INFORMATION *Below information is extremely helpful in allowing AVSC to best support each family.

1. Parent One Income: _____ Daily / Weekly / BIMONTLY / Monthly Amount: _____ Name of

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

Employer: _____

2. Parent Two Income: _____ Daily / Weekly / BIMONTLY / Monthly Amount: _____ Name of

Employer: _____

3. Other Sources of Income: _____ Child Support / Alimony / Other Amount: _____

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.