



2024/2025 AVSC BILL KOCH/PRE-DEVO SCHOLARSHIP APPLICATION

Please mail to: Lina Sutro, 300 AVSC Drive, Aspen, CO 81611
Or send via email: scholarships@teamavsc.org
Questions? Contact Lina Sutro, lsutro@teamavsc.org

NAME

SCHOLARSHIP DEADLINE – FRIDAY, OCTOBER 24, 2025 BY 5PM

Bill Koch and Pre-Devo participants in Aspen and Spring Gulch are eligible for up to the total cost of program fees less \$100 deposit due at the time of registration. 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.
- ☐ 2023 Tax Returns – Two-parent households filing separate returns must attach 2023 tax returns from both individuals. All information is confidential. If you are unable to supply your 2023 Tax Return, please send in supporting documents for the questions below. IF YOU WOULD LIKE A LINK TO SECURELY UPLOAD YOUR TAX RETURN, PLEASE REACH OUT TO LINA FOR THIS PROCESS.
- ☐ 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.

DATE:

FAMILY FINANCIAL INFORMATION *Below information is extremely helpful in allowing AVSC to best support each family.

- | | | | |
|---|--------------------------------|--------|------------------|
| 1. Parent One Income: | Daily/Weekly/Bimonthly/Monthly | Amount | Name of Employer |
| 2. Parent Two Income: | Daily/Weekly/Bimonthly/Monthly | Amount | Name of Employer |
| 3. Other Sources of Income: | Child Support/ Alimony/ Other | Amount | |
| 3. Total Number of Household Members (Adults & Children): | | | |

DO YOU QUALIFY FOR FREE AND REDUCED LUNCHES (circle yes or no) YES / NO

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

- | | | | |
|---------------------|---------------------------------|--------------------------|-----------------|
| Participant's Name: | Location (Aspen / Spring Gulch) | Days of Week (one / two) | Program Fee: \$ |
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Parent's Name: Parent's Signature: Date: