



2017/2018 AVSC BASE CAMP NEED BASED SCHOLARSHIP APPLICATION

Please mail to: Trish Shepard, 300 AVSC Drive, Aspen, CO 81611 Fax: 970.925.5290
Questions? Contact: Base Camp Director, Trish Shepard, 970.205.5160 tshepard@teamavsc.org

NAME:

SCHOLARSHIP DEADLINE – FRIDAY, OCTOBER 20, 2017 BY 5PM

Base Camp participants (SnoWarriors, SnoCru, RidgeRunners, Nordic Basecamp Programs) **are eligible for up to the total cost of program fees less \$100.** Scholarships are NOT available for the Aspenauts, Bighorns, SnoBandits, ButterBandits, 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 AVSC.

COMPLETED SCHOLARSHIP APPLICATION INCLUDES

- Registration Form**
- Scholarship Application Form** - Only one form is required per family.
- 2016 Tax Returns – Two-parent households filing separate returns must attach 2016 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.

ALPINE AND SNOWBOARD EQUIPMENT SCHOLARSHIPS

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

Please List Boot 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.

DATE:

FAMILY INFORMATION

You may list all family members on the same scholarship form.

- Check here if you are also applying for a 2017 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: _____

Parent(s) Name: _____ Phone Number: _____

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.



PAYMENT PLAN

2017/2018 AVSC Base Camp Programs

While full payment of program fees is preferred, we realize that paying for the program fee, equipment, and a ski pass all at one time can present a challenge. Payment plan installments will begin the first month following registration and will end on March 1, 2018.

Payment Plans **MUST be set-up at the time of registration** for your child to participate.
A onetime \$50 processing fee will be applied to all plans.

PAYMENTS ARE AUTOMATICALLY POSTED ON THE 1ST OF EACH MONTH.

Other Terms & Conditions:

- AVSC payment plans can be set up with an automated E-check (ACH) or with a credit card.
- Any deposits made upon registration or awarded scholarship will be applied against your balance due and the installments will be spread through March 1st, 2018.
- A \$25 fee will be assessed for any payment plan transaction which is declined. Your child's participation may be suspended unless payment arrangements are made within seven (7) days. Please keep us informed if your card is lost, stolen or will expire prior to March 1, 2018.

Athlete Name(s): _____ Parent Name: _____

Program(s): _____

Are you applying for a scholarship? YES NO

Option #1: Credit Card

Payment Type: VISA Master Card American Express Discover

Card Number: _____ Exp. Date: ____/____

Name on Card: _____ CCV#: _____

Signature: _____

Option #2: Electronic Check/ACH

Bank Account Number: _____

Bank Account Routing Number: _____

Bank Name: _____

Name on Bank Account: _____

By completing this form, I authorize AVSC to process monthly installments with the information above.

**For additional information regarding a Payment Plan, contact Cole Baggett,
970.205.5110 - Email cbaggett@teamavsc.org**

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