



CHALLENGE ASPEN

Winter Scholarship Application 2018-19

Challenge Aspen is dedicated to impacting lives through year-round adaptive experiences for individuals faced with cognitive and/or physical disabilities. Challenge Aspen creates life-changing opportunities by encouraging participation in activities designed to redefine limits, recognize abilities, and transfer newfound courage to everyday life.

Thank you for your interest in Challenge Aspen's scholarship program. We offer scholarships twice a year, for the winter and summer season respectively. You must apply each season to be eligible. * Please note that if you are chosen for a scholarship you will be required to submit tax returns of the participant and/or caregiver for proof of income. Please see the application portion of the packet for details.

Challenge Aspen strives to make our activities accessible to as many participants as possible. We focus on fundraising year-round to provide opportunities for those in need.

All of our regular program prices include a significant scholarship, and we ask that you keep this in mind when requesting a scholarship.

Transportation and Lodging

Scholarship recipients need to arrange for their own transportation to the Aspen/Snowmass area in addition to arranging their own lodging. Call **Stay Aspen Snowmass** toll free at (800) 262-7736. They can help you make these reservations and provide updates on available discounts. It is always recommended to make these travel arrangements early.

Requirements & Policies of Scholarship Recipients

Failure to comply with these requirements may result in being ineligible for future scholarships.

- Scholarship Agreement: must be read and signed upon notification that a scholarship has been granted, before making reservations.
- Reservations must be made in advance. Reservations are required for all Challenge Aspen programs. Please plan in advance and make your reservations as early as possible. When you call, please let us know that you have been awarded a scholarship—and for how much.
- Cancellation Policy: If you make a reservation, but are unable to attend you **must** call the Challenge Aspen office at least **7 DAYS** in advance to cancel, exceptions may be considered on a case-by-case basis. If you are a “no show” for a program and have failed to cancel in advance, the program fees cannot be refunded. Failure to notify Challenge Aspen of a cancellation could jeopardize any future scholarship awards. We often have a waiting list for camps and program buddies and proper notice of your cancellation of late arrival allows us to accommodate others.
- Scholarships are non-transferable and are for use by the accepted applicant only. If you will not be able to use the scholarship, we ask that you notify Challenge Aspen immediately. Unused awarded scholarships cannot be applied to the next season or year.
- We encourage all our participants to promote our programs, ask us how you can do this.

*Applying for or receiving a scholarship from Challenge Aspen in the past does not guarantee that you will receive for this season. All scholarships are based on financial need.



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Please call Deb at Challenge Aspen (970.300.3402) if you have questions regarding your ability to complete this form.

While Scholarship Applications are accepted on a rolling basis, **the majority of funds are awarded in the first round of consideration.** Some funding may be available after the November 15, 2018 deadline. **All paperwork must be completed and submitted for consideration.**

Participants who demonstrate financial need may apply for a scholarship to participate in winter activities. If awarded a scholarship it is your responsibility to make a reservation at your earliest convenience. To be eligible to receive funding the parent/guardian and possibly the participant will be required to submit the most recent tax returns available. Please utilize the matrix below to determine whose tax returns are needed for qualification. (On all tax documents, please black out Social Security Numbers for your security.)

Participant's Name _____ Participant's Age _____ Disability _____

Does the Participant live: independently / with family / with non-related caregiver / other

If "other" please explain _____

Is the Participant employed? Y / N Participant's Employer _____

Participant's Home Address _____ Cell/Fax/Telephone _____

City _____ State _____ Zip code _____ Email _____

Your Name _____ Your Address _____ City _____

State _____ Zip code _____ Your Email _____

Your Employer _____ Your Employer Telephone _____

Your Employer Address _____

Position _____ How long have you been in this position? _____

Are you part of a single parent household? Y / N How many people are in the household? _____ How many children? _____

How many people with different abilities are in the household? _____ How many family members earn an income in the household? _____

Tax Return Checklist

If:

___ the participant is independent, please submit their tax return.

___ the participant works and lives with family, please submit their and your tax return.

___ anyone in the household owns their own business, please submit the business tax return.

Monthly Household Income

Household Salary	\$ _____	
Additional	\$ _____	(Social Security, Medicaid, Real Estate, Disability, Retirement, Etc.)
Total	\$ _____	

Monthly Expenses

Rent/Mortgage	\$ _____	
Car Payments	\$ _____	
Alimony/Child Support	\$ _____	
Out of Pocket Medical	\$ _____	Description _____
Other Monthly Debts	\$ _____	Description _____
Total	\$ _____	

How would the requested scholarship be of assistance to the participant and your family? _____

Have you previously been awarded financial aid for Challenge Aspen's winter programs? Y / N

If yes, please indicate what you have been awarded in the past. _____

For how many years have you been receiving financial aid? _____

Active participants with year-round special events and fundraising initiatives are given special consideration when reviewing scholarship requests. We encourage all participants to promote our programs in this way and look to reward those who do. Please indicate your contribution(s) towards these initiatives. _____

Winter Lessons:

<u>Available Program</u>	<u>Cost</u>	<u>Quantity Requested</u>	<u>\$ Amount Requested (Cost x Quantity)</u>
*Full-Day Lesson	\$350	_____	_____
Half-Day Lesson	\$250	_____	_____

Individual Ski Buddy:

<u>Available Program</u>	<u>Cost</u>	<u>Quantity Requested</u>	<u>\$ Amount Requested (Cost x Quantity)</u>
*Full-Day Buddy	\$105	_____	_____
Half-Day Buddy	\$85	_____	_____

Local's Disability Pass:

		<u>\$ Amount Requested</u>
Season Pass	\$564	_____

Local's Program:

		<u>\$ Amount Requested</u>
8 Week Program	\$100	_____
8 Week's + Competition	\$200	_____

*Challenge Aspen, in partnership with Aspen Skiing Company offer this discounted private lesson for those with disabilities, otherwise the same lesson with equipment and lift ticket cost is \$975 - \$1100, depending on purchase date.

I hereby represent that this application is true and accurate and fully reflects my financial condition on the date shown below.

Applicant or Guardian Signature _____ Date _____

Spouse Signature _____ Date _____