



Summer Scholarship Application 2019

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 registering.
- Summer Registration – once you receive your award letter, please go online to register.
- 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.

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 June 1, 2019 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.)**

**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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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. **Participant only**

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

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

Monthly Household Income

Household Salary \$ _____

Additional Income \$ _____ (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?



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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.

SUMMER 2019 PROGRAMS

Check boxes of programs in which you'd like to participate:

- | | | | |
|--------------------------|-------------------------------|--------------------|--------|
| <input type="checkbox"/> | Super Heroes Camp | July 1 – 5, 2019 | \$925 |
| <input type="checkbox"/> | Magic of Music and Dance Camp | July 22 – 26, 2019 | \$1050 |
| <input type="checkbox"/> | 3-Day Custom Adventure | Date TBD | \$800 |
| <input type="checkbox"/> | 4-Day Custom Adventure | Date TBD | \$900 |
| <input type="checkbox"/> | 5-Day Custom Adventure | Date TBD | \$1000 |
| <input type="checkbox"/> | Locals 10 Punch Card | Locals Calendar | \$250 |
| <input type="checkbox"/> | Locals 20 Punch Card | Locals Calendar | \$500 |

Total Amount Requested \$ _____

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 _____