



Winter Adventure Awards Scholarship Application 2020-21

Completed applications can be emailed to Deb at: deb@challengeaspen.org

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 Winter Adventure Awards Program. We offer awards 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 an award you will be required to submit tax returns as proof of household 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. Our Adventure Awards Program is new in 2019/2020 and we will be awarding more funds than in the past. One of the changes in the program is the need for all participants to pay a portion of their fees (awards reduce rates to as low as \$10 for each lesson).

Transportation and Lodging

Award 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 for Award Recipients

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

- Adventure Award Agreement: must be read and signed upon notification that an award 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 the reservationist know that you have been granted an Adventure Award.
- 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 awards. We often have a waiting list for camps and program buddies and proper notice of your cancellation or late arrival allows us to accommodate other participants.
- Awards are non-transferable and are for use by the accepted applicant only. If you will not be able to use your award, we ask that you notify Challenge Aspen immediately. Unused awards cannot be applied to the next season or year.
- Applying for or receiving an award from Challenge Aspen in the past does not guarantee that you will receive an award for this season. All awards 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.

CHALLENGE ASPEN

While Adventure Award 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, 2019 deadline. **All paperwork must be completed and submitted for consideration.**

Challenge Aspen will use the household income, using your most recent tax returns, less participant medical expenses to determine awards. If awarded it is your responsibility to make a reservation at your earliest convenience. 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 participant and family member tax returns.

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

Monthly Household Income

Household Salary \$ _____

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

Total Income \$ _____

Less Medical Expenses

Out of Pocket Medical \$ _____ Description _____

Total for Award \$ _____

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

Adaptive Lessons:

Full Day Lesson \$510 # of Lessons _____ \$ _____ Amount Requested

Half Day Lesson \$360 # of Lessons _____ \$ _____ Amount Requested

Buddy Day Full \$150/Half \$135 # of Buddy Days _____ \$ _____ 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 _____