

# ADAPTIVE SKI PROGRAM

505-995-9858

2011/2012 Scholarship Request

Please send with application or  
fax to 505-983-6190

**Participant information – List all participants in household requesting scholarship assistance**

Participant's name	Area you are participating at	Day & time	Tuition Level you can pay	OFFICE USE

Adult's Name (if different than participant): \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please state the reason(s) you are applying for scholarship assistance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has participant(s) received scholarship assistance in the past? \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Number of persons residing in household: \_\_\_\_\_ Is this a single parent household? \_\_\_\_\_

Household Annual Income: \$ \_\_\_\_\_

(Please list income for all household wage earners)

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the Adaptive Ski Program may request a copy of my most recent 1040 Income Tax Return (pages 1 & 2) to verify (check) the information I have submitted. I understand that if I purposely give false information, my child or I may lose scholarship assistance.

**Sign Here: X** \_\_\_\_\_  
(Signature of Adult Household Member) DATE

The Adaptive Ski Program actively fundraises all year long in order to provide scholarship assistance to everyone who requests it. Please be honest about the level of assistance you need so we can continue to fill all scholarship requests. Please note that if you or your child misses two or more lessons without prior communication of the absence, it may jeopardize your request for assistance in the future. Thank you.