



# Summer 2019 Scholarship Application

Phone: 970-726-1518 Fax: 970-726-4112 Email: [reservations@nscd.org](mailto:reservations@nscd.org)

Participants with financial need can apply for a scholarship to participate in NSCD activities. Applications are due **May 1st**. If you have questions or need assistance, please call 970-726-1518. Please remember that reservations are required for lessons, activities, and camps. Make your reservation in advance and inform the NSCD customer service representative that you have applied for a scholarship.

Award decisions are based on financial need and solely at the discretion of the NSCD. Incomplete applications will not be considered. Please answer each question as completely as possible or note NA (not applicable) in the space provided. Failure to comply with these requirements may result ineligibility for funding. Awarded Funds will be distributed at discretion of NSCD for activities Scholarships are non-transferable. Please notify the NSCD if you are unable to use your scholarship. Unused scholarships cannot be applied to the next season or year.

**Who is completing this application?**  Individual  Parent/Guardian  Group Coordinator  
 Contact name: \_\_\_\_\_ Email: \_\_\_\_\_  
**Participant Name:** \_\_\_\_\_ Age: \_\_\_\_\_ Military veteran:  Yes  No  
 Town/County: \_\_\_\_\_ Phone: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Primary Diagnosis: \_\_\_\_\_  
 Is the participant in a group?  Yes  No If yes, which group: \_\_\_\_\_  
 Please indicate the first and second choice for summer activities (including number of days, full or half, etc.):  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_

**Financial Information:** Please complete the following table based off information for the entire household.

Monthly Income		Monthly Expenses	
Gross		Rent or Mortgage	
Social Security		Utilities	
Child/ Spousal Support		Telephone/Cable	
Investment Income		Loan Payments	
Other: _____		Child/ Spousal Support	
<b>Total Monthly Income</b>		Medical/ Insurance Expenses	
		Child Care Expenses	
		Other: _____	
		<b>Total Monthly Expenses</b>	

Please provide the following information from your 2018 household tax return:  
If you filed form 1040, amount from line 37: \_\_\_\_\_ If you filed from 1040EZ, amount from line 4: \_\_\_\_\_

Does the participant qualify for or currently receive assistance from one of more of the following programs: Medicaid, Unemployment, Social Security Disability Benefits, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Free or Reduced Price School Lunch Program, Aid for Dependent Children, Foster Care, or other similar state or federal financial assistance programs?  Yes  No

**I have read and understand the application guidelines. I understand that completion of this application does not guarantee that a scholarship will be awarded.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed Application to:** NSCD, Attn: Scholarships, P.O. Box 1290, Winter Park, CO 80482  
 Fax: 970-726-4112, Email: [reservations@nscd.org](mailto:reservations@nscd.org)