



Summer Scholarship Application

Phone: 970-726-1518 Fax: 970-726-4112 Email: 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	
Total Monthly Income		Medical/ Insurance Expenses	
		Child Care Expenses	
		Other: _____	
		Total Monthly Expenses	

Please provide the following information from your 2017 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

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