



## SCHOLARSHIP APPLICATION

2017/2018

“Steamboat Adaptive Recreational Sports ‘STARS’ provides recreational opportunities for people with disabilities, resulting in empowering and enriching the quality of life for its participants.”

**Winter 2017 Applications Due by December 1st, 2017**

**Summer 2018 Applications Due by June 1, 2018**

*STARS awards scholarships based on need and available funds.*

*ALL INFORMATION WILL REMAIN CONFIDENTIAL*

Client Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Disability \_\_\_\_\_

Client Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Primary Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

If participant is a minor:

Parent / Guardian Names \_\_\_\_\_

Mother Phone \_\_\_\_\_ Email \_\_\_\_\_

Father Phone \_\_\_\_\_ Email \_\_\_\_\_

Guardian Phone \_\_\_\_\_ Email \_\_\_\_\_

## APPLICANT INFORMATION

**Applicant, Parent or Guardian must complete and submit this application, please attach a copy of your most recent year Tax Return. Any costs not covered by the scholarship must be paid in full prior to participating.**

### Client

Employer / Occupation \_\_\_\_\_ How Long \_\_\_\_\_

Monthly Gross Income \$ \_\_\_\_\_

### Mother

Employer / Occupation \_\_\_\_\_ How Long \_\_\_\_\_

Monthly Gross Income \$ \_\_\_\_\_

### Father

Employer / Occupation \_\_\_\_\_ How Long \_\_\_\_\_

Monthly Gross Income \$ \_\_\_\_\_

Number of people living in household: \_\_\_\_\_

Below are income guidelines for eligibility. If your gross household income (before taxes) is less than the amounts shown below, you might be eligible for a partial or full scholarship. Scholarships will be awarded based on need and available funds. *Guidelines include Child Support and Unearned Income.*

Family Size	Monthly GROSS Income	Annual GROSS Income
2	\$2625	\$31,500
3	\$3300	\$39,600
4	\$3975	\$47,700
5	\$4650	\$55,800
6+	\$5325	\$63,900

Is the participant currently receiving assistance from one or more of the following programs?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Free or Reduced School Lunch Program | <input type="checkbox"/> Food Stamps  |
| <input type="checkbox"/> Medicaid                             | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Medicare                             |                                       |

Please describe any specific impacts to your current financial situation that you would like considered as we review your application. \_\_\_\_\_

\_\_\_\_\_

Have you participated in STARS programs in the past? Yes / No

If yes, which programs and what dates? \_\_\_\_\_

Which of our STARS programs are you interested in participating during the 2017 / 2018 Season? \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**  
(Please indicate N/A if not applicable)

I hereby certify that all the above information is true, correct and complete. I acknowledge that failure to complete this entire application and/or submitting false information may disqualify me or my child from financial assistance.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please upload this document and a copy of your most recent year Tax Return to your online account. You can do this by logging into your account and using the drop-down menu item called "Upload your Scholarship Documents"**

**Mail: STARS, PO Box 770208, Steamboat Springs, Colorado 80477**

**FAX: 970-870-1970**

**For more information contact STARS Executive Offices at 970-870-1950**





## SCHOLARSHIP PROGRAM REQUEST FORM

Please indicate below what programs/lessons you are specifically requesting for your scholarship.

We will notify you if we can accommodate the lessons/programs.

For specifics on dates/times of programs, please visit our website at [steamboatstars.com](http://steamboatstars.com).

<b>ACTIVITY</b>	<input type="checkbox"/> Alpine	<input type="checkbox"/> Nordic	<input type="checkbox"/> Snowshoe	<input type="checkbox"/> Snowboard	<input type="checkbox"/> Snowbike
<b>LEVEL</b>	<input type="checkbox"/> Never-ever	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	
<b><u>PRIVATE LESSONS and or GUIDE/BUDDY PROGRAM</u></b>					
<input type="checkbox"/> Full day	Dates requested: _____				
<input type="checkbox"/> Half day	Dates requested: _____				
<b><u>PROGRAMS</u></b>					
All Access	<input type="checkbox"/> 9:00 - 2:00 (Ages 5 - 12) Saturdays	<input type="checkbox"/> 10:00 - 3:00 (Ages 13 - 18) Saturdays			
Mountain Access	<input type="checkbox"/> 9:00 - 2:00 Sundays	<input type="checkbox"/> 10:00 - 3:00 Sundays			
<input type="checkbox"/> Special Olympics					
<b><u>CAMPS</u></b>					
<input type="checkbox"/> All Mountain Ski and Ride (Jan 7-12)					
<input type="checkbox"/> Stars of Tomorrows Kids Camp (Mar 23 - Mar 26)					