



SCHOLARSHIP APPLICATION

2016/2017

“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 2016 Applications Due by November 15,
2016 Summer 2017 Applications Due by June 1, 2017**

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 2016 / 2017 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 ____/____/____

Return completed STARS Scholarship Application & a copy of your most recent year Tax Return to:

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

FAX: 970-870-1970

Email: info@steamboatstars.com

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

