



NSCD Scholarship Application

Scholarships for the 2020-21 winter season are due **October 15th**

Participants with financial need can apply for a scholarship to participate in NSCD activities. Reservations are required for lessons, activities and camps. You may make your reservation in advance of the scholarship award and the reservation amount will be adjusted if an award is made.

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 or note NA (not applicable) in the space provided. Failure to comply with these requirements may result ineligibility for funding. Scholarships are non-transferable and only applicable for the season in which you apply. **Please notify the NSCD if you are unable to use your scholarship within 14 days of the award notification** or your award will be automatically declined and awarded to another participant.

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 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 your taxable income amount from your Federal tax return, Form 1040, line 10: _____
 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
 Phone: 970-726-1518 | Fax: 970-726-4112 | Email: reservations@nscd.org