



**SCHOLARSHIP APPLICATION
FOR ADAPTIVE SKI PROGRAM
2019– 2020 SEASON**

Once you complete this application, please email, fax, or mail to:

**BOEC Adaptive Ski Program
PO Box 697
Breckenridge, CO 80424**

**Skiprog@boec.org
Fax: (970) 547 - 9037
Phone: (970) 453 - 5633**

APPLICANT INFORMATION

Name of Student: _____ Phone: () _____

Name of Parent/Guardian (if applicable): _____

Address: _____

_____ County: _____

Male Female Single Married Age: _____ Are you a student? Yes No Where? _____

Program/Lesson dates: _____

Employer: _____

Employer's Address: _____

ESTIMATE OF NEED (Lesson prices subject to change. Please phone or visit www.boec.org for rates.)

1. \$ _____ Total fee(s) for the program dates requested.
2. \$ _____ Maximum amount you can provide toward tuition
(please include aid from other sources)
3. \$ _____ Minimum amount you need in financial aid
(the BOEC cannot provide a full scholarship)

For Office Use Only: Amount Approved: Initial: _____
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Please answer the following questions:

1. Are you a member of PVA/DAV/VA/other disability organization? Which organization?
2. Do you currently receive Government Assistance? If so, please describe.
3. Are you a member of a subsidized living program? Which program?
4. What is your or your family's annual income?
(If student is under 18, please report the parent or guardian's annual income)
5. Are you supporting other persons besides yourself? (family/spouse, # of children, etc.)
6. Please list any other bank accounts, investments (stocks, bonds, IRA, etc.), real estate, interest/dividends, other holdings or assets, or any settlements that you may have received.