



# SCHOLARSHIP APPLICATION FOR ADAPTIVE SKI PROGRAM 2020– 2021 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](http://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: \_\_\_\_\_

---

---

### 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.