

## **2024-2025 AVSC TEAM PROGRAMS NEED BASED SCHOLARSHIP APPLICATION**

Please send via email: [scholarships@teamavsc.org](mailto:scholarships@teamavsc.org)

Or mail/drop off at Scholarships, 300 AVSC Dr., Aspen, CO 81611

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AVSC exists to enrich the lives of our participants and strengthen the community fabric of the Roaring Fork Valley. We offer premier coaching and instruction in skiing and snowboarding and emphasize the values of Commitment, Teamwork, and Integrity. We help shape the character of our youth, and every child in the Roaring Fork Valley interested should be able to take advantage of the opportunities we provide, regardless of their financial situation. Because our funds are limited, scholarship assistance will be contingent upon financial need. Please understand that all AVSC participants receive financial aid since program fees do not cover the actual cost of providing these programs, thanks to our generous Donors. Families whose combined adjusted gross income is less than \$225,000 or families experiencing financial hardship are encouraged to apply.

Competitive Team program applicants are eligible for up to 70% of program fees.

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### **CONDITIONS FOR SCHOLARSHIP AWARDS**

All participants receiving a scholarship must meet the following conditions. Failure to meet these requirements will result in the forfeiture of the scholarship award.

- The recipient must abide by the AVSC Code of Conduct and be a resident of the Roaring Fork Valley or Western Garfield County.
  - All recipients will be required to write a letter of thanks on behalf of AVSC (post-season, details to follow).
  - A copy of the letter of thanks must be sent to AVSC to be eligible for the scholarship in the following season.
  - All past balances must be paid in full.
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### **APPLICATION PROCESS**

- Complete online registration and pay deposit for each TEAM athlete
  - Compile required information below (Scholarship Application Requirements)
  - Complete and sign application
  - Email, mail or drop this application to [scholarships@teamavsc.org](mailto:scholarships@teamavsc.org) or to Scholarships, 300 AVSC Dr., Aspen, CO 81611
  - You will receive an email from DocuSign with secure links to upload all required information. All information must be received by AVSC on or before August 1, 2024.
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### **SCHOLARSHIP APPLICATION REQUIREMENTS**

*(Items #2-6 will be submitted via a secure link via DocuSign)*

1. **Completed Scholarship Application Form** – Only one form per family is required (*email to [scholarships@teamavsc.org](mailto:scholarships@teamavsc.org) or mail to above address*)
  2. **Complete 2022 & 2023 Federal Tax Returns including all schedules, K1's, etc.**
    1. If you applied for a scholarship in 2023-2024, you are only required to submit Complete 2023 Federal Tax Return
    2. Two-parent households filing separate returns must submit returns from both individuals
  3. **A copy of all W2's for 2023**
  4. **If self-employed**, applicants must supply a current (YTD) profit/loss statement and complete set of 2023 business taxes
  5. **Divorce decree and separation agreement/custody agreement (if applicable)**
  6. **Explanatory Letter** – Please inform the scholarship committee, in at least 250 words, as to why you are requesting a scholarship
  7. Please note that AVSC Scholarship Committee may make phone calls for further clarification of financial situations
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**FAMILY INFORMATION**

(Please list all athletes for TEAM programs on this scholarship form)

Athlete's Name: \_\_\_\_\_ Discipline: \_\_\_\_\_ Team Name: \_\_\_\_\_  
*Ex. Alpine, Freestyle, Snowboard, Nordic Ex. U10 Comp, U12 Development Team*

Athlete's Name: \_\_\_\_\_ Discipline: \_\_\_\_\_ Team Name: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_ Discipline: \_\_\_\_\_ Team Name: \_\_\_\_\_

**PARENT INFORMATION**

Parent 1 Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Parent 2 Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**HOUSEHOLD INFORMATION**

Total # of Children Living in the Household: \_\_\_\_\_ Total # of People Living in the Household: \_\_\_\_\_

Do you own, rent or have employer paid housing?

- Rent – monthly cost \$ \_\_\_\_\_
- Own employee housing – monthly cost \$ \_\_\_\_\_
- Own free-market housing – monthly cost \$ \_\_\_\_\_
- Other – please explain \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Parent 1 Employer #1: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Parent 1 Employer #2: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Parent 2 Employer #1: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Parent 2 Employer #2: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

If any of the above employment is seasonal, please list dates of employment: \_\_\_\_\_

**ADDITIONAL INCOME**

Please include all other sources of income for Parent 1 and/or Parent 2

Child Support/Alimony: \_\_\_\_\_

Other Income (Social Security, Dividends, etc.): \_\_\_\_\_

**PARENT AGREEMENT**

*Falsification of any of the attached information or use of Financial Aid funds for purposes other than described herein, may lead to immediate termination of Financial Aid funding and is punishable under the Colorado Revised Statutes, Section 18-4-401, Theft of Services.*

*I hereby acknowledge that the information on this application is true and accurate. I understand that if any information on this application form is not valid or correct, then AVSC has the right to terminate any scholarship award. At such time the applicant will be obligated to repay AVSC the total amount of the scholarship awarded. AVSC also has the right to terminate any scholarship award should the program fee balance after the scholarship not be paid within the designated time. The recipient must abide by the AVSC Code of Conduct. Disciplinary actions within AVSC, school, or with authorities may revoke the award. Incomplete or late applications may not be considered for scholarship.*

*I have read and understand all my obligations and responsibilities as a scholarship applicant/recipient.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_