



Winter Scholarship Application

Thank you for your interest in New England Disabled Sports' scholarship program. We believe that everyone should have the opportunity to participate in a recreational sport, however scholarships will be awarded to the extent of available funding and based on financial need. Applying for a scholarship or receiving a scholarship in the past does not guarantee that you will be awarded a scholarship for this season. **Please note that you will be required to submit your latest tax returns as proof of income.** In order to be considered for financial assistance, this form needs to be completed in its entirety, any incomplete forms will **not** be considered. All *complete* scholarship applications will be reviewed by our Scholarship Committee prior to approval. Any of the information collected from the applicant will remain confidential.

REQUIREMENTS & POLICIES OF SCHOLARSHIP RECIPIENTS

Failure to comply with these requirements may result in being ineligible for future scholarships.

- Scholarships are to be used by the accepted recipient only. If you will not be or are unable to use the scholarship awarded, you must notify New England Disabled Sports immediately. Any unused awarded funds cannot be applied to the next season and will be forfeited back to the program.
- Scholarships are awarded for a **maximum of 5 lessons**. Student may apply for more after lessons are completed.
- Cancellation Policy: Students who do not cancel and do not arrive for their lesson will forfeit their scholarship for that day. Sometimes cancellations are unavoidable, but please respect the time our volunteers put into being here. Please call 603.745.9333 as soon as possible to cancel a lesson.
- Recipients may be asked to write a Testimonial and/or "Thank You" that can be used in marketing materials or sent to those who make the Scholarship Fund possible.

Mailing: P.O. Box 26 Lincoln, NH 03251

Physical: 39 Loon Brook Road Lincoln, NH 03251

Phone: 603.745.9333 **Fax:** 603.728.1771

Email: info@nedisabledsports.org **Website:** NEDisabledSports.org



New England DISABLED SPORTS

Winter Scholarship Application

GROUP/SCHOOL NAME (IF APPLY)

PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

APPLICANT NAME:

AGE:

DISABILITY:

IF UNDER 18, LEGAL PARENT/GUARDIAN NAME(S):

HOME ADDRESS:

CITY/STATE/ZIP:

HOME PHONE: ()

WORK PHONE: ()

CELL PHONE: ()

EMPLOYER:

EMPLOYER PHONE: ()

EMPLOYER ADDRESS:

POSITION:

HOW LONG HAVE YOU BEEN IN THIS POSITION?

PLEASE DESCRIBE YOUR CURRENT FINANCIAL SITUATION/NEED FOR FINANCIAL ASSISTANCE:

MONTHLY INCOME

SALARY	\$	
SPOUSE'S SALARY	\$	
ADDITIONAL	\$	(SS, MEDICAID, DISABILITY, UNEMPLOYMENT, ETC.)
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TOTAL	\$	

MONTHLY EXPENSES

RENT/MORTGAGE	\$	
ALIMONY/CHILD SUPPORT	\$	
CAR PAYMENTS	\$	
OUT OF POCKET MEDICAL	\$	DESCRIPTION:
OTHER MONTHLY DEBTS	\$	DESCRIPTION:
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TOTAL	\$	

PLEASE INDICATE WHAT SERVICE(S) YOU ARE APPLYING FOR:

<u>PROGRAM</u>	<u>QUANTITY (MAX 5)</u>	<u>AMOUNT YOU CAN PAY (pr lesson)</u>
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FULL DAY LESSON, RENTALS, LIFT TICKET (\$85)

HALF DAY LESSON, RENTALS, LIFT TICKET (\$50)

HAVE YOU RECEIVED A SCHOLARSHIP FROM NEDS BEFORE?

- YES
- NO

IF YES, HOW MANY YEARS HAVE YOU BEEN RECEIVING ASSISTANCE?

WHAT HAVE YOU BEEN AWARDED IN THE PAST?

PLEASE INDICATE IF YOU WILL BE PAYING FOR SERVICES OUT OF POCKET?

- YES
- NO

IF NO, PLEASE PROVIDE US WITH SERVICE NAME, MAILING ADDRESS AND CONTACT NAME TO DIRECT BILL:

GENERAL INTEREST

PLEASE DESCRIBE WHAT SKIING/SNOWBOARDING MEANS TO YOU:

PLEASE DESCRIBE HOW THIS SCHOLARSHIP WILL HELP YOU AND YOUR FAMILY?

ARE THERE ANY OTHER FACTORS THAT NEDS NEEDS TO CONSIDER WHEN ASSESSING YOUR SCHOLARSHIP APPLICATION?

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE. I UNDERSTAND THAT DELIBERATE MISREPRESENTATION MAY RESULT IN DENIAL OF ELIGIBILITY FOR A SCHOLARSHIP BOTH PRESENT AND FUTURE.

APPLICANT OR GUARDIAN SIGNATURE:

DATE:

PLEASE RETURN THIS APPLICATION WITH YOUR LATEST FEDERAL TAX RETURN VIA MAIL OR FAX LISTED AT THE BOTTOM OF EACH PAGE. AGAIN, ALL INFORMATION COLLECTED WILL REMAIN CONFIDENTIAL.

FOR OFFICE USE ONLY:

RECEIVED BY:

DATE:

SCHOLARSHIP COMMITTEE:

APPROVED

DECLINED

IF APPROVED, AMOUNT AWARDED:

COMMITTEE MEMBER SIGNATURE:

DATE:

COMMITTEE MEMBER SIGNATURE:

DATE: