



**APPLICATION FOR FINANCIAL ASSISTANCE
2009/2010**

CHECKLIST:

1. _____ Applications must be received no later than OCTOBER 16th!
LATE and/or INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!
2. _____ One signed application per child applying for financial assistance
(attached, 2 pages)
3. _____ Copy of individual 2008 income tax return (Form 1040—both sides)**
OR
Copy of household's 2008 income tax returns, if more than one
caregiver (Form 1040-both sides)**
4. _____ Written recommendation from last year's coach and current year's
schoolteacher ***
5. _____ (1) page letter from the child on the topic of why they want to be
involved in TSSC.

*****Additional financial information may be requested***

******The coach's letter should demonstrate your child's commitment to his/her team,
while the teacher's letter should validate his/her overall character.***

**BE SURE TO INCLUDE EVERYTHING ON THE CHECKLIST OR YOUR
APPLICATION WILL NOT BE CONSIDERED!!!**



**APPLICATION FOR FINANCIAL ASSISTANCE
2009/2010**

(All information to remain confidential. Applications must be received no later than October 16, 2009. Late applications will not be considered.)

One application per child, please.

APPLICANT'S NAME _____

Date of Birth _____ Grade _____ School _____ Years in TSSC _____

Discipline (please check one): Alpine _____ Freestyle _____ Snowboard _____

Name of program applying for _____ Cost: _____

Parent(s)/Guardian(s) Name* _____

* Person(s) financially responsible for child

Mailing Address _____ City _____ ST _____ Zip _____

Phone: Home _____ Work _____ Other _____ for _____

Home _____ Work _____ Other _____ for _____

Parent/Guardian's Employer _____

Other Parent/Guardian's Employer _____

1. How much financial assistance are you requesting from TSSC for this applicant?

2. If a single parent, will both parents be sharing in the costs of the applicant's tuition, ski racing/traveling fees and expenses?
3. Would your child(ren) agree to participate in 90% of all their programs' practices and local events? Yes _____ No _____
4. Are you receiving monetary support, from any source, for the skiing activities of the applicant?
Yes _____ No _____ If yes, please explain.
5. Did the applicant receive financial assistance from TSSC for the 2008 – 2009 season, or any year prior to that?
Yes _____ No _____ If yes, please state amount \$ _____. If no, did you apply for financial assistance for 2008 – 2009 season? Yes _____ No _____

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6. Did you work off your work deposit last year? Yes ____ No ____ N/A ____
If no, please explain.
7. **Please provide** a copy of your 2008 individual income tax return (Form 1040 only – both sides)
OR your household's 2008 income tax returns, if more than one caregiver (Form 1040 only – both sides).
8. Please list any additional conditions that affect your financial position that are pertinent to helping us determine where the greatest needs lie among the families who desire financial assistance.
9. **Please provide** a recommendation from last year's coach and/or a current schoolteacher in order to assist the Financial Assistance Committee with its decision.
10. Do you meet the qualifications for waiving the work deposit (as described on the attached checklist) and would like to apply for consideration? Yes _____ No _____

I hereby certify that all the above information is true and correct and acknowledge that failure to complete this entire application and/or submitting false information may disqualify my child from financial assistance. Should I receive and accept financial assistance from the Telluride Ski & Snowboard Club, I agree to adhere to the policies set forth by the Financial Assistance Committee.

Parent/Guardian Signature

Date

Financial Assistance applications must be postmarked or received by the TSSC Office no later than October 16, 2009. Late applications will not be considered.

Qualifications for Applying for Work Credit Deposit Financial Assistance

There are circumstances that justify waiving the work deposit fee. To qualify to apply to be approved for work deposit waiver:

- Total family annual income must be less than \$40,000.
- You must have met the required 20 work deposit hours in 2008-09.
- You must be able to commit in "good faith" that you will be able to work the (20) required hours for 2009-10.

If the above qualifications are not met, please do not apply for the waiver, as your application will be discarded.

Mail to: Telluride Ski & Snowboard Club
Confidential – ATTN: FA Committee
P.O. Box 2824
Telluride, CO 81435
Phone 970-728-6163
Fax 970-728-9438