

Telluride Figure Skating Club



Tuition Assistance Application

Please complete this application in its entirety. We will review this information and notify you of the funds available to your family. This information will remain confidential.

APPLICANT'S NAME: _____

DATE OF BIRTH: _____ GRADE: _____

PARENT/GUARDIAN'S NAME _____

MAILING ADDRESS _____

PHONE Home _____ Work _____ Cellular _____

PARENT'S/GUARDIANS EMPLOYER (S) _____

1. Do you participate in the free or reduced school lunch program: _____

2. How many parents/adults live in your household? _____ How many children? _____

3. Do both parents work? If not, why (i.e. challenges with childcare, other responsibilities)?

4. What is your estimated gross annual household income? _____

5. How much financial assistance are you requesting? _____

Please share any unique financial hardships your family has recently experienced (i.e. loss of employment, recent medical challenges, etc)

Parent/Guardian Signature: _____ **Date:** _____

Telluride Ski & Snowboard Club: _____ **Date:** _____