

TEAM SUMMIT

SCHOLARSHIP AWARD CRITERIA

Financial Need:

- Provide copy of most recent year's 1040 with schedules A,B,C,D, and E.
- Weight will be given to families with more than one child in a Team Summit program.
- Application shall include estimated seasonal expenses.
- Parents' tax returns will be considered for all applicants under age 21.

Academic Standing:

- Grade reports from prior year and most current year to date must be provided.
- Scholarship candidates must maintain a 75% (C+) average, with no failing grades.

Citizenship—contributions to team, school, community, church, etc.:

- Coaches recommendation to evaluate dedication to sport, work ethic, leadership, etc.
- Additional letters of recommendation, testimonials, civic organization participation, etc. Scholarships will be considered for athletes with no red card infractions from the previous year.
- Scholarships will be revoked with red card infractions in the current year.

Families' Service to the Organization:

- Volunteer Service Fees from prior year must be satisfied.
- Current year VSF must be satisfied by January 31.
- Volunteerism to organization beyond VSF will be considered. Lack of volunteerism will also be considered.

In the application procedure, qualification for funds will consider:

- Scholarships are available to Team Summit members.
- Scholarships will be disbursed only for Team Summit programs and activities, and USSA projects.
- First priority will be given to program fee grants.
- Travel and summer camp grants will be awarded based on remaining funds available.
- Post graduates must be in their second year to apply.
- Appropriateness of the request in relationship to athlete development and athlete's age will be considered for travel and camp requests.

Preference will be given to returning Team Summit members

TEAM SUMMIT

Financial Aid Application

Application for (check one):

- Tuition Assistance
- Summer Camps

Please provide copies of most recent tax return with schedules A,B,C,D, and E.

1. Athlete's Name: _____ DOB: _____

Team Summit Program: _____

2. Athlete's Name: _____ DOB: _____

Team Summit Program: _____

3. Athlete's Name: _____ DOB: _____

Team Summit Program: _____

4. Athlete's Name: _____ DOB: _____

Team Summit Program: _____

Parent/Guardian Name(s): _____

Marital Status: Single parent; Married; Separated; Divorced; Widowed(er)

Relationship to athlete(s): _____

Address: _____

Telephone Number(s): _____

Present Employer (include address): _____

Position: _____

Present Employer (include address): _____

Position: _____

Estimated annual Team Summit related expenses: _____

(tuition, travel, equipment, camps, etc.)

ATHLETE EDUCATION:

Applicants must maintain 75% C+ average with no failing grades.

Most recent Grade Report must accompany application.

Name of School: _____ Grade: _____ GPA: _____

Special Honors/Awards: _____

Extra-curricular Activities: _____

ATHLETIC HISTORY:

Length of time in competition: _____

Length of time on this team or other team: _____

Highest athletic achievement: _____

List long and short-term objectives (use a separate form if necessary): _____

SUPPLEMENTAL INFORMATION:

The following must be included with this application

- Statement by the athlete stating why they are involved with ski or snowboard competition and personal goals for upcoming season. Statement should include why athlete feels they deserve financial assistance.
- Statement by the parent or guardian why assistance is necessary. Include special circumstances such as job concerns, health, other children's activities or college, etc.
- Letter of Recommendation from child's coach.
- Any additional letters of recommendation from other civic organization.
- Volunteer service from prior year must be completed. Please detail.
- Applicants will be disqualified if they were issued a RED card conduct violation for prior year. Red card violation in current year will void scholarship.

I certify that all VSF requirements will be satisfied for the current season. I will participate in all scheduled training activities. I understand that withdrawal or expulsion from the program, or failure to participate in training will result in the reversal of funding and I will become responsible for all program fees and expenses. I further understand that assistance will be granted based upon availability of funds and number of applicants. I affirm that all of the information provided above is correct and verifiable.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____