



Summer 2017 Scholarship Application

Please call 970.726.1518 or email reservations@nscd.org if you have questions regarding this form. Award decisions are based on financial need and solely at the discretion of the NSCD. Applications are due **May 1st**.

Requirements of scholarship Recipients:

- **Incomplete applications will not be considered.** All Portions of the application must be completed. Please answer each question as completely as possible or note NA (Not applicable) in space provided. Failure to comply with these requirements may result in the scholarship being revoked and ineligibility for future scholarships.
- NSCD awards scholarships for partial support of program fees based on financial need, including participants' effort to secure other sources of funding.

Athletes age 5 and older with financial need can apply for a scholarship to participate in NSCD activities. Award decisions are solely at the discretion of the NSCD.

PARTICIPANT NAME		AGE
CITY	COUNTY	STATE
PHONE	E-MAIL ADDRESS	
PARTICIPATING AS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> WITH A GROUP		
IF YES, WHICH GROUP/ACTIVITY: _____		
ARE YOU: A GROUP COORDINATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
A MILITARY VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CONTACT NAME		
CONTACT E-MAIL ADDRESS		
CONTACT PHONE	CONTACT CELL PHONE	
IS THE ABOVE CONTACT THE: <input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> GROUP COORDINATOR/LEADER		
PREFERRED CONTACT: <input type="checkbox"/> PHONE <input type="checkbox"/> E-MAIL		

PARTICIPANT'S DIAGNOSIS:

BELOW PLEASE INDICATE YOUR **FIRST (1) SECOND (2) AND THIRD (3) CHOICE** FOR THE SUMMER SEASON PROGRAMS YOU WOULD LIKE TO RECEIVE FINANCIAL ASSISTANCE FOR. VISIT WWW.NSCD.ORG/PARTICIPATE FOR SUMMER SEASON PROGRAM OPTIONS.

1) _____

2) _____

3) _____

HAS THE APPLICANT APPLIED FOR OTHER FUNDING SOURCES? YES NO

IF YES, PLEASE LIST:

BRIEFLY EXPLAIN YOUR NEED FOR FINANCIAL ASSISTANCE:

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THE NSCD SHOULD CONSIDER WHEN REVIEWING YOUR APPLICATION.

Financial Information

Does the applicant live in a group home? Yes No

Does the applicant have additional sources of income? Yes No

if yes, please list _____

If you are in a group home and have no source of support other than yourself, fill in only the income and expense items that apply.

Monthly Household Income		Monthly Household Expenses	
Gross		Rent or Mortgage	
Social Security		Utilities	
Child Support		Telephone	
Investment Income		Cable	
Spousal Support		Loan payments	
Other Income		Child Support	
Total Monthly Income		Spousal Support	
		Insurance premiums	
		Medical expenses	
		Child Care expenses	
		Total Monthly Expenses	

From your 2016 household Tax Return:

IF YOU FILED FORM 1040:

AMOUNT FROM LINE 27 _____

IF YOU FILED FORM 1040 EZ:

AMOUNT FROM LINE 6 _____

- 1 / Reservations are required for lessons, activities and camps. Make your reservations as far in advance as possible. Inform the NSCD customer service representative that you have applied for a NSCD scholarship.
- 2 / If you are unable to attend your scheduled activity, call the NSCD at 970.726.1518 as soon as possible to cancel. If you do not attend your scheduled activity, you may jeopardize your scholarship.
- 3 / Scholarships are non-transferable. Please notify the NSCD as soon as possible if you are unable to use your scholarship. Unused scholarships cannot be applied to the next season or year.

I have read and understand the Application Guidelines and Requirements of Scholarship Recipients. If I receive a Sponsor-an-Athlete Scholarship from the National Sports Center for the Disabled, I agree to those conditions. I understand that failure to comply with the requirements will result in being ineligible for a scholarship for the following year. I understand that I may be asked to provide a tax return as proof of financial information listed. I understand that completion of this application does not guarantee that a scholarship will be awarded.

APPLICANT/GUARDIAN SIGNATURE

DATE

Have you remembered to?

- Sign your application?
- Answer all questions?

Return completed application to:

NSCD
 Attn: Scholarships
 P.O Box 1290
 Winter Park, CO 80482
 Fax: 970-726-4112 / Email: reservations@nscd.org
 Applications are due May 1, 2017