



SNOW BOWL & RMSC YOUTH SCHOLARSHIP APPLICATION

P.O. BOX 1207 • CAMDEN, ME 04843 • 236-3438 • FAX 230-0490

Contributions from the Camden Snow Bowl, Ragged Mountain Ski Club, Sally Deaver Fund and the Marcel LaCasse Scholarship Fund.



SCHOLARSHIP INFORMATION

- Applicant information is kept confidential. It is reviewed only by the Scholarship Committee
- **AGES 3 to 16**
- Most Scholarship awards do not cover full cost of programs
- Awards are based on need and residency (Camden residents receive first priority)
- Scholarships are available to individuals for a limited number of years (usually three years)
- All applicants will be notified by MAIL/EMAIL of scholarships awards on a rolling basis
- **APPLICATIONS WILL BE PROCESSED WITHIN TWO WEEKS OF SUBMISSION BEGINNING DEC. 15**

ALL PARTS OF SCHOLARSHIP APPLICATION MUST BE COMPLETED

AVAILABLE SCHOLARSHIPS (check ONLY the scholarships you want to be considered for)

<input type="checkbox"/> COMPETITION PROGRAMS -Please circle selection: U-8 / U-10 U-12 S.T.O.R.M U-14 U-16 Freestyle <i>*PART II MUST BE COMPLETED</i>	<input type="checkbox"/> BEGINNER SERIES - LEARN TO SKI OR SNOWBOARD (3 group lessons, rentals & lift tickets)
<p><i>Please indicate which Ski School program:</i></p> <input type="checkbox"/> WINTER BREAK - Dec 26-30, 2018 <input type="checkbox"/> MID-WINTER Program - 6 week program <input type="checkbox"/> FEBRUARY BREAK PROGRAM - Feb 19-23, 2018 <input type="checkbox"/> SPRING SESSION PROGRAMS -3 weeks	<input type="checkbox"/> SEASON PASS(ES) <input type="checkbox"/> OTHER: <i>please list</i>

PLEASE SEE WWW.CAMDENSNOWBOWL.COM FOR MORE PROGRAM INFORMATION

PLEASE LIST THE NAME(S) OF THE CHILDREN FOR WHOM YOU ARE APPLYING FOR A SCHOLARSHIP:

Considerations are for ages 3-16. Exception is high school racing program

PLEASE LIST ABILITY AS FOLLOWS: **1: NEVER BEEN SKIING/SNOWBOARDING 2: BEEN 10 TIMES 3: GO EVERY WINTER**

NAME:	AGE:	ABILITY:	SCHOLARSHIP(S) REQUESTED:
<i>EXAMPLE: JANE SMITH</i>	<i>8</i>	<i>1: NEVER</i>	<i>BEGINNER SKI SERIES</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALL HOUSEHOLD INCOME

Please indicate total yearly household income, including income from employment, unemployment, ASPIRE, TANF, child support, alimony, Social Security, pensions, retirements and all other income.

_____ 0 to \$19,999	_____ \$20,000 to \$29, 999	_____ \$30,000 to \$39,999
_____ \$40,000 to \$49,999	_____ \$50,000 to 59, 999	_____ \$60,000 and above

2017-2018

Total # of people in household: _____ Total # of adults: _____ Total children (under 19): _____

How much can you and your extended family contribute to your child(rens) winter recreation? _____

Have you received this scholarship in the past? Y / N If so, when? _____

We are asking that families volunteer in some capacity when asking for a scholarship(s). The range of these activities varies. Examples (baking for Family fun race, helping at races, Social Media, etc.)

Did you or family members volunteer at the Snow Bowl last season? _____

What activities? _____

Are your children eligible for the Federal Free and Reduced Lunch Program? _____

STATEMENT OF NEED - Describe your current financial situation and why you are seeking assistance:

I certify that all of the information on this form is true and correct:

Parent / Guardian signature

Date

Printed name _____

Home Address: _____

Phone: _____

Email: _____

REMINDER:

**COME TO THE SKI SWAP FOR YOUR
EQUIPMENT NEEDS
NOV 18 & 19 2017**

AT CAMDEN HILLS REGIONAL HIGHSCHOOL

office use only

Please return this form to:

Camden Snow Bowl
P.O. Box 1207, Camden, ME 04843
Attn: SCHOLARSHIP COMMITTEE

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PART II - FOR COMPETITIVE PROGRAM APPLICANTS

TO BE COMPLETED BY PARENT/GUARDIAN AND RETURNED WITH SCHOLARSHIP APPLICATION

ATHLETE'S NAME: _____ AGE: _____ GRADE: _____

HOME PHONE: _____ EMAIL: _____

RACING PROGRAM YOU ARE APPLYING FOR: _____

How many years has child participated in the Racing Program or any other Snow Bowl programs?

Please give us a brief summary of your child's interest in racing and/or experience:

Your Name and relationship to athlete _____

Parent / Guardian signature

Date