



### SCHOLARSHIP AWARD CRITERIA

Please indicate which scholarship you are applying for

Team Summit Regular Season 2011-2012 Scholarship

Zach Stuhr Memorial Scholarship

The Zach Stuhr Memorial Scholarship was created by the Stuhr family to honor their son who was lost to them at a young age. To be eligible for this scholarship, recipients must be a "local" kid, reside in Summit County and family income must be less than \$150,000.

### 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 Colorado 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.:

- Coach's recommendation to evaluate dedication to sport, work ethic, leadership, etc.
- Additional letters of recommendation, testimonials, civic organization participation, etc.
- Scholarships will be revoked with red or yellow card infractions in the current year.

### Families' Service to the Organization:

- Volunteer Service Hours from prior year must be satisfied.
- Current year VSD must be satisfied by June 30, 2012.
- 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 only available to full-time Team Summit Colorado members.
- Partial Scholarships are only available for tuition.
- Scholarships will be disbursed only for Team Summit Colorado programs, camps, and activities, and USSA projects.
- First priority will be given to program fee grants.
- 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 all scholarship requests.
- Preference will be given to returning Team Summit Colorado members

**TEAM SUMMIT COLORADO**  
**Financial Aid Application**

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

1. Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Team Summit Colorado Program and Tuition Fee: \_\_\_\_\_

2. Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Team Summit Colorado Program and Tuition Fee: \_\_\_\_\_

3. Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Team Summit Colorado Program and Tuition Fee: \_\_\_\_\_

4. Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Team Summit Colorado Program and Tuition Fee: \_\_\_\_\_

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 total family annual Team Summit Colorado tuition fees: \_\_\_\_\_

## **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 or YELLOW card conduct violation for prior year. Red or yellow card violation in current year will void scholarship.

**I certify that all VSD 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: \_\_\_\_\_