



2018-2019 Financial Aid

Application **MUST** be submitted with all requested information by November 1th, 2018

A Scholarship Fund was established in recent years in the memory of some special individuals who passed away, Richard Taylor, Marchand Pike and Hal Coddling. These individuals represent the spirit that has kept the Sky Tavern Junior Ski Program thriving for 70 years. Their devotion to their community and particularly to children served as an example to all those who came in contact with them. Donations made in their memory will allow the Junior Ski Program to expand its ability to provide scholarships for children who might not otherwise have the means to participate.

Financial Aid is offered on a sliding scale of 0 – 95% reduction in fees. Financial Aid approvals are based on pre-established guidelines regarding family income and family size (**Note: Bus Ticket fees are not included**). If you wish to apply for Financial Aid, please complete this application and submit it with verification of income. The Financial Aid Committee will determine if you meet the criteria and contact you after their decision has been made. Please complete all forms included in the Financial Aid Application Package and include a letter explaining the necessity for a scholarship this season. Applications will not be accepted unless **all** information is returned.

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- Completed Application
- Hardship Letter
- Children's page – to be completed by the participating children
- Last 2 Paystubs: For all adults listed on application
- Last year's Tax Return (front page only)
- Completed Membership Application

Every Section MUST be completed.

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2018/2019 Scholarship Application

Household information:

Primary parent/ Co-Parent: Including any other Adults in household

Name: Frist & Last Name	Relationship: to the children Mother, Father, Grandparent, etc..	Marital Status (Married, divorced, or single)

Address: _____
 City _____ State _____ Zip _____
 Rent _____ Own _____ Monthly payment amount _____

Number of People living in the Household _____
 How Many under the age of 18? _____
 Will Parents be joining the program? Parent Y/N Co Parent Y/N (circle one)
 How Many under the age of 18 will be joining the program? _____
 Is Equipment needed? Y/N (circle one)

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21130 Mt.Rose Highway, Reno, NV 89511
 Phone (775) 323-5125
www.skytavern.com info@skytavern.com



Income information: Needed for every adult listed above

Primary Parent:

Employer _____ Phone Number _____
Occupation _____
Hourly _____ Salary _____ Other _____
How often paid _____
Gross Amount per pay period _____

Co -Parent

Employer _____ Phone Number _____
Occupation _____
Hourly _____ Salary _____ Other _____
How often paid _____
Gross Amount per pay period _____

Any additional Family Members in the household:

Employer _____ Phone Number _____
Occupation _____
Hourly _____ Salary _____ Other _____
How often paid _____
Gross Amount per pay period _____

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List other income including self-employment, child support, unemployment, social security benefits, disability etc.

Source:	Income:

Total:

Expenses: Loan, CC, child support, alimony, Mortgage, Bills, ETC.

Type:	Monthly Payment:

Total:

Information provided will be kept confidential.

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This section **MUST** be completed by the children that will participate in the program. (If not completed by the child, the application will be sent back. We want to hear from them.)

Child: Name: _____ Age: _____

What school do you go to? _____ What grade? _____

Why do you want to be in the Sky Tavern Junior Ski Program this winter?

Have you been to Sky Tavern before? (please circle one) Yes No

If yes, what was your favorite part? _____

What other sports or hobbies do you like? _____

How would you be spending your Saturday and Sunday if you weren't attending the Sky Tavern program? _____

Child: Name: _____ Age: _____

What school do you go to? _____ What grade? _____

Why do you want to be in the Sky Tavern Junior Ski Program this winter?

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Have you been to Sky Tavern before? (please circle one) Yes No

If yes, what was your favorite part? _____

What other sports or hobbies do you like? _____

How would you be spending your Saturday and Sunday if you weren't attending the Sky Tavern program? _____

Child: Name: _____ Age: _____

What school do you go to? _____ What grade? _____

Why do you want to be in the Sky Tavern Junior Ski Program this winter?

Have you been to Sky Tavern before? (please circle one) Yes No

If yes, what was your favorite part? _____

What other sports or hobbies do you like? _____

How would you be spending your Saturday and Sunday if you weren't attending the Sky Tavern program? _____

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I understand that deliberate misrepresentation of information subjects the applicant(s) to being disqualified for scholarship consideration. I hereby certify that all the above information is true and correct to the best of my knowledge and belief.

Parent or Legal Guardian Signature Date _____

-----Below to be completed by Sky Tavern Junior Ski Program Financial Aid Committee-----

Qualifies for _____% Reduction in Cost, Balance Due \$ _____

Approved by: _____

Date Contacted:	Method of Contact:	Contacted by:

Equipment Needed? Yes/No
Date: _____

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SEASON REGISTRATION FORM 2018-2019

SKY TAVERN JUNIOR SKI PROGRAM

Celebrating 70 Years of teaching local kids to ski and ride at Sky Tavern
 21130 Mt. Rose Hwy, Reno, NV 89511 • (775) 323-5125 office • www.skytavern.com • info@skytavern.com

A PARTICIPANT

1	NAME _____			Medical Conditions? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE OF BIRTH / /		SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/>		
	MEMBER <input type="checkbox"/> New <input type="checkbox"/> Ret	REG FEE \$	TOTAL \$	

2	NAME _____			Medical Conditions? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE OF BIRTH / /		SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/>		
	MEMBER <input type="checkbox"/> New <input type="checkbox"/> Returning	REG FEE \$	TOTAL \$	

3	NAME _____			Medical Conditions? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE OF BIRTH / /		SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/>		
	MEMBER <input type="checkbox"/> New <input type="checkbox"/> Returning	REG FEE \$	TOTAL \$	

4	NAME _____			Medical Conditions? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE OF BIRTH / /		SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/>		
	MEMBER <input type="checkbox"/> New <input type="checkbox"/> Returning	REG FEE \$	TOTAL \$	

5	NAME _____			Medical Conditions? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE OF BIRTH / /		SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/>		
	MEMBER <input type="checkbox"/> New <input type="checkbox"/> Returning	REG FEE \$	TOTAL \$	

6	NAME _____			Medical Conditions? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE OF BIRTH / /		SATURDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/>		
	MEMBER <input type="checkbox"/> New <input type="checkbox"/> Returning	REG FEE \$	TOTAL \$	

Registration Fees: 2018-2019 Please see skytavern.com for prices

Scholarship Donation Please! \$	TOTAL \$
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B REGISTRATION OPTIONS

Check one option box for each participant.

REGISTRATION TYPES	PARTICIPANTS					
	1	2	3	4	5	6
CV Child of a Volunteer (Age 6+)						
BK Bus Kid (Age 9 & up) (trans. fees apply)						
SK SkyKid (Age 3-5 and must have min 1 SKP registered)						
Blank						
BS Bus Supervisor (At least age 18)						
CBS Child of Bus Supervisor (At least age 6)						
SBI Snowboard Instructor (At least age 18)						
SI Ski Instructor (At least age 18)						
SVS Support Volunteer-Ski or SnoBoard						
SV Support Volunteer-Non Ski or SB						
SKP SkyKid Parent (if SkyKid(s) registered)						
SJSI/SB Jr Instructor Ski or Board (circle)						

CATEGORY (Children Only)	PARTICIPANTS					
	1	2	3	4	5	6
A - Adaptive						
S - Snowboard						
D - Downhill Ski						
R - Race Team (Must be in advanced levels. See fees)						
F - Freestyle Team (to be announced)						

SKIING LEVELS (Children Only)	PARTICIPANTS					
Write level number in option box.	1	2	3	4	5	6
1 2 3 Beginner						
4 5 6 Intermediate						
7 8 9 Advanced						

SNOWBOARD LEVELS (Children Only)	PARTICIPANTS					
Write level number in option box.	1	2	3	4	5	6
1 or 2 Beginner						
3 or 4 Intermediate						
5 or 6 Advanced						

PICK-UP SITE FOR RBS (Bus Student)	PARTICIPANTS					
	1	2	3	4	5	6
Wooster High School, Reno						
Reed High School, Sparks						
N/A						

C FAMILY INFORMATION

PARENT OR GUARDIAN _____		Do you live within the Reno city limits? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS _____		HOME PHONE _____
CITY _____	ZIP _____	WORK PHONE _____
EMAIL _____		CELL PHONE _____

EMERGENCY CONTACTS

AN EMERGENCY CONTACT MUST BE AVAILABLE BY PHONE AT ALL TIMES:

EMERGENCY CONTACT #1	
PHONE	_____
EMERGENCY CONTACT #2	
PHONE	_____

FOR OFFICE USE ONLY	DATE RECD / /	CHECK NUMBER _____	PHOTO <input type="checkbox"/>	ENT DB <input type="checkbox"/>
			ISSUED	