



## 2020-2021 Financial Aid

Application **MUST** be submitted with all requested information by December 1<sup>st</sup>, 2020

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 for children. 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.

### **Applications will not be accepted unless all information is returned.**

- Completed Application
- Hardship Letter- Why are you applying
- 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 with year total)
- Completed Membership Application

Every Section **MUST** be completed.



## 2020/2021 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: NV 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? \_\_\_\_\_

How Many under the age of 18 will be joining the program? \_\_\_\_\_

Is Equipment needed? Y/N

Have you received Assistance from Sky Tavern before? Y/N



**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 \_\_\_\_\_

\_\_\_\_\_



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:

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.) If you have more than 2 children please copy page

**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) Y/N

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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**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) Y/N

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 and attached 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 Sceduled? Yes/No

Date: \_\_\_\_\_



# SEASON REGISTRATION FORM 2020-2021

## 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

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

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

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

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

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

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

Please see skytavern.org for more info

### B REGISTRATION OPTIONS

Check one option box for each participant.

REGISTRATION TYPES	1	2	3	4	5	6
CV Child of a Volunteer (Age 6+)						
<b>BK Bus Kid</b> (Age 9 & up) (trans. fees apply)						
SK SkyKid (Age 3-5 and must have min 1 SKP registered)						
Blank						
<b>BS Bus Supervisor</b> (At least age 18)						
<b>CBS Child of Bus Supervisor</b> (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/JSBI Jr Instructor Ski or Board (circle)						

CATEGORY (Children Only)	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)	1	2	3	4	5	6
Check Mark ONE: Skiing OR Snowboard Levels						
Write level number in option box.						
1 2 3 Beginner						
4 5 6 Intermediate						
7 8 9 Advanced						

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

PICK-UP SITE FOR KID (Bus Student)	1	2	3	4	5	6
Wooster High School						
Reed High School, S...						
N/A						

**BUS STUDENT IS CURRENTLY ON HOLD**

