



2023-2024 Financial Aid

Application **MUST** be submitted with all requested information by December 15th, 2023

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 over 75 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. 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
- Letter explaining “why” you are 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)
- Completed Membership Application
- Digital submissions must be in PDF format
- Email to info@skytavern.com or mail to:
21130 Mt Rose Highway, Reno, NV 89511

Every Section MUST be completed





2023-2024 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?

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

Is Equipment needed? Y/N





Income information: Needed for every adult listed above

Primary Parent:

Employer _____ Phone Number _____
Occupation _____ Hourly ___ 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:

Total:

Information provided will be kept confidential





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

Please use a new page for each child

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) 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? _____





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: _____





Registration Information : Needed for every participant

Please use additional pages if needed

Name: _____

Date of Birth: ____/____/____

Category: Snowboard Ski

Membership Type:

- Support Member
- Child of Member (Ages 6+)
- Sky Kids (Ages 4 and 5)
- Adaptive Program
- Bus Student
- Member Only
- Instructor
- Race Team
- Freestyle
- Other _____

Name: _____

Date of Birth: ____/____/____

Category: ___Snowboard ___Ski

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