

# Ford K. Sayre Memorial Ski Council

## Scholarship Application

Instructions: Please complete all sections of this application and return to the program head of your Ford Sayre program. Your application will be presented to the program head to a scholarship committee for review and recommendation. Please understand that scholarship funds are limited and are allocated on the basis of need. The information you provide will be held in confidence.

**Participant Name:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Amount of Scholarship Requested:** \_\_\_\_\_

**Part One:** To be completed by parent or legal guardian of participant:

Please provide an explanation why a scholarship is being requested:

**Part Two:** To be completed by participant if requesting more than \$300.00:

Please demonstrate your commitment to the Ford Sayre program. Include examples of your past involvement in Ford Sayre and your goals. Please describe any activities which have provided funds to support your skiing (summer jobs, etc .):

**Part Three:** Please provide the following income/expense information. Include all sources of income for everyone in your household. Financial information is not required if requesting scholarships less than \$300.00 (Parts Three and Four can be omitted):

	Current Year Estimate	Prior Year Actual
<b>Household Income</b>		
Salaries and Wages		
Interest and Dividends (taxable or not)		
Earnings(losses) from self-employment		
Earnings(losses) from partnerships, trusts, estates		
Rent and royalty income(loss)		
Capital gains(losses)		
Unemployment compensation		
Social security or disability benefits		
Other sources of income (include alimony and child support)		
<b>Total Household income</b>		

<b>Selected Expenses</b>		
Housing (Mortgage, rent, property taxes only)		
College/Post Graduate Tuition (net of scholarships)		
Primary/Secondary Private Tuition (net of scholarships)		
Medical (uninsured portion only)		
Dependent care (adult or child)		
Other extraordinary expenses (please describe)		
Alimony		
Child support/child care		

**Part Four:** Please provide the following information concerning what your household owns and what your household owes (the part may be omitted if your are requesting less the \$300.00 scholarship):

		Current Market Value
<b>Assets</b>		
Cash in banks		
Investments in stocks and bonds		
Less outstanding borrowings		
Net market value		
Accounts and notes receivable from others		
Equity in businesses (market value)		
Houses, including primary, second and vacation homes		
Less outstanding mortgages		
Net market value		
Automobiles, planes and boats		
Less outstanding loans		
Net market value		
Beneficial rights to assets kept in trusts		
Other assets		
<b>Total assets</b>		
Debts (other than those listed above)		
<b>Net worth - Total assets minus Debts</b>		

**Part Five:** Please provide the following information for all members of your household (“Applicant” refers to parent or legal guardian of participant applying for scholarship):

Applicant:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

Applicant’s Spouse:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_

Applicant’s Dependents or other household members:

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Age: \_\_\_\_\_  
School Name: \_\_\_\_\_

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Age: \_\_\_\_\_  
School Name: \_\_\_\_\_

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Age: \_\_\_\_\_  
School Name: \_\_\_\_\_

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Age: \_\_\_\_\_  
School Name: \_\_\_\_\_

Please attach additional sheets if necessary.

**Part Six: Certification.**

I certify that the information provided in this application is true and correct:

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Approval by Program Head:

\_\_\_\_\_  
Program Head Signature

\$ \_\_\_\_\_  
Recommended Amount

Scholarship Committee

Amount Approved: \_\_\_\_\_

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

By: \_\_\_\_\_

For the Scholarship Committee