



Scholarship Application

Please understand that scholarship funds are limited and allocated on the basis of need. Early submission of your application allows your request to be considered before all funds have been awarded. The information you provide is held in strict confidence and read only by the scholarship committee, comprised of the Ford Sayre Executive Committee (the chair, vice chair, and treasurer), as well as the administrator. Once scholarships are awarded, the Ford Sayre bookkeeper is also notified, in order to process the scholarship. If you have a unique circumstance that you do not wish shared with all members of the scholarship committee, please contact the administrator (or the board chair) directly:
admin@fordsayre.org.

Completed applications can be sent electronically to scholarship@FordSayre.org or by mail to:
Ford K. Sayre Memorial Ski Council
ATTN: Scholarship
P.O. Box 471
Hanover, NH 03755

“Applicant” refers to the parent or legal guardian (of the participant) applying for scholarship and “Participant” refers to the athlete who is participating in Ford Sayre programming.

Applicant Name:	Date:
Applicant E-mail:	Applicant Phone:
Participant Name:	Participant Grade in School:
Check Applicable Program(s): <input type="checkbox"/> Alpine <input type="checkbox"/> Jumping <input type="checkbox"/> Nordic <input type="checkbox"/> SkiMo	
Program/Team Description:	\$ Amount Requested:

PART ONE: To be completed by the applicant (the parent or legal guardian of the participant). Please provide an explanation of why a scholarship is being requested.

If you are requesting **\$400 or less** in scholarship support per participant, per season (a season is defined as the timeframe: July 1 to June 30), you are **DONE**. Please submit page **ONE** to the scholarship committee.

**Are you requesting MORE than \$400 in total scholarship support for a participant?
If yes, please CONTINUE and COMPLETE PARTS 2 THROUGH 6 of the application.**

PART TWO: To be completed by the participant, if requesting *more than* \$400 in scholarship support. 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 interest in participating in Ford Sayre such as summer jobs, etc.

PART THREE: Financial documentation is required if requesting *more than* \$400 in scholarship support. Please provide a copy of the top two pages of the applicant's most recent federal tax return (we ask that you redact any SSN, EIN, phone number, or street address listed).

PART FOUR: Please provide any other information you would like the committee to consider (change in employment status, dependent parent, special needs, etc.):

PART FIVE: Please provide the following information for all members of your household. "Applicant" refers to the parent or legal guardian of the participant (the athlete) applying for scholarship.

Applicant:

Name:

Mailing address:

Occupation:

Employer:

Applicant's Spouse (if applicable):

Name:

Phone:

Mailing address:

Occupation:

Employer:

Applicant's Dependents or other household members (please attach additional sheets if necessary):

Name:

Age:

School Name, if applicable:

Occupation:

Name:

Age:

School Name, if applicable:

Occupation:

Name:

Age:

School Name, if applicable:

Occupation:

Name:

Age:

School Name, if applicable:

Occupation:

PART SIX: Certification

I certify that the information provided on this application is true and correct.

Signature of Applicant

Date