

**Vermont Alpine Racing Association
Financial Assistance Application (Due Oct 25)**

Date _____

Applicant's Name _____ DOB _____

Level of competition _____ Club _____

Parent's Address: (all correspondence will be mailed to this address)

Street _____ Town/City _____

State & Zip _____ Email: _____

Parental Information:

Father/Male guardian: _____

Address: _____ Occupation: _____

_____ Telephone: _____

Employer: _____

Mother/Female guardian: _____

Address: _____ Occupation: _____

_____ Telephone: _____

Employer: _____

Please list other children dependent on parents for support:

_____ Age _____ Relation _____

_____ Age _____ Relation _____

_____ Age _____ Relation _____

_____ Age _____ Relation _____

How many children listed above will be attending tuition-charging institutions this fall/season?
Please explain.

Please share any special family or financial situations you believe merit consideration:

How much do you feel you will be able to afford for ski racing expenses for the applicant for the upcoming season?

Does this athlete receive any form of support from their club/academy/school program and or company sponsors, if so, what do they provide?

Please list the expenses you expect to incur this season. (Equipment, race/comp fees, & travel)

Please include a copy of your last tax return.

Please complete this "snapshot" of financial information:

Total taxable income before deductions	last year	this yr (est.)
Salaries & wages - Father	_____	_____
Salaries & wages - Mother	_____	_____
Dividends/Interest Income	_____	_____
Alimony / Child Support	_____	_____
Net profit/loss from business/farm	_____	_____
Social security benefits	_____	_____
Total Federal income tax	_____	_____
Self-employment tax paid	_____	_____

Assets & liabilities:

Home: renting _____ owner _____ mortgage _____ equity loan _____

Automobile(s): _____ Owned or financed? _____

Please list any other assets, real estate or investments:

Parents' Certification & Authorization

We declare that the information reported on this form, to the best of our knowledge and belief, is true, and complete. We authorize transmittal of this form to the Scholarship Committee as necessary. If asked by a school or agency, we agree to send an official photo static copy of our latest income tax return or assigned IRS form directly to the program.

Signature of Father/male guardian: _____ Date _____

Signature of Mother/female guardian: _____ Date _____

