

Vermont Alpine Racing Association - Financial Assistance Application

Please print, complete, and scan this form, save it as a PDF. Email the PDF along with prior year tax forms and send to, <u>julie@vara.org</u>. Completed applications are due by Aug. 25.

Date Applicant's Name	DOB				
Level of competition U Club	_ Current VARA Mem	nber Y N			
Address: (all correspondence will be ma	iled to this address)				
Street Town/City					
State & Zip	Email:				
Parent/Guardian #1:	Email	Email			
Address:	Occupation:	Occupation:			
	Telephone: _				
Employer:					
Parent/Guardian #2	Email	Email			
Address:	Occupation:				
	Telephone: _				
Employer:					
Please list other dependent children for s					
	Age Relation				
	Age	Relation			
	Aye	1\clation			
How many children listed above will be a Please explain.	ttending tuition-chargi	ng institutions this fall/season?			
Do any of the above-mentioned receive a program and or company sponsors, if so		m their club/academy/school			
Please share any special family or finance	ial situations you belie	eve merit consideration:			
Please list the alpine race expenses you fees, & travel)	expect to incur this se	ason. (Equipment, race/comp			

Please complete this "snapshot" of financial information:					
Total tax	cable income before deduction	าร	Last yr.	This yr. (est.)	
Salaries	& wages Parent Guardian 1	& 2	/	/	
Dividen	ds/Interest Income		/		
	Alimony / Child Support		/		
	Net profit/loss from business/f	farm	/	/	
	Social security benefits		/	/	
Home: r Automo	& liabilities: enting own m bile(s) fir list any other assets, real es	nance		Owned or financed?	
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.					
Signatu	re of Parent/Guardian #1:			Date Date	
	re of Parent/Guardian #2:				
Application MUST be complete to be considered for assistance INCLUDING previous tax return.					
APPLIC	CANT'S STATEMENT				
Applican	nt Namets should answer these questions	s to the best of the	Date l	J Club skills are not a priority-we want	
Applicants should answer these questions to the best of their ability. Writing skills are not a priority-we want to know the applicant better. If more space is needed, please add a sheet, and attach it as PDF.					
1. What are two goals you have for the upcoming season?					
2.	Who has given you the best p	olece of advice a	and what was th	nat?	

3. If you could travel to one place in the world where would that be and why?