



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, julie@vara.org. Completed applications are due by Aug. 25.

Date _____ Applicant's Name _____ DOB _____

Level of competition U _____ Club _____ Current VARA Member Y ___ N ___

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

Street _____ Town/City _____

State & Zip _____ Email: _____

Parent/Guardian #1: _____ Email _____

Address: _____ Occupation: _____

_____ Telephone: _____

Employer: _____

Parent/Guardian #2 _____ Email _____

Address: _____ Occupation: _____

_____ Telephone: _____

Employer: _____

Please list other dependent children 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.

Do any of the above-mentioned receive any form of support from their club/academy/school program and or company sponsors, if so, what is provided?

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

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

Your application MUST include a copy of your last tax return to be complete.

