



SANTA FE SKI TEAM FINANCIAL AID APPLICATION

Athlete Information

Athlete (Applicant) Name: _____

Mailing Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Date of Birth: ____/____/____ Age _____ Male: Female:

School: _____ Grade: _____

Parent Contact Information

Parent Name: _____ Spouse Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Spouse Cell Phone: _____ Spouse Work Phone: _____

Email: _____ Spouse Email: _____

Parent Occupation: _____ Spouse Occupation: _____

Please list all children (if more space is needed, please use the back of this page):

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____



Need-Based Application

1.Total Household Income (Gross): \$ _____ (Please enclose documents to verify total household income including the front page of last year's federal income tax return showing income information (one for each spouse if filed separately), copies of last year's W-2 forms for each parent who receives a W-2, and any other financial documents the applicant would like the SFST Board to consider.

2.Total number of household members _____.

3.Does the applicant participate in free or reduced school lunch program? (Y/N)_____.

4.Did the applicant receive financial aid last year? (Y/N) _____. If so, did the applicant or his or her parents participate in volunteer activities for the SFST? (Y/N) _____.

Volunteer-Based Application

Financial aid is awarded based volunteer service to the team. Opportunities to volunteer are available year-round.

I agree to provide service to the team in the following areas:

- Fundraising
- Strategic Planning
- Marketing
- Accounting
- Team Administration
- Coaching (Must be qualified and approved by Head Coach and BOD)
- Other (Tell us how you can help the team in other specific areas):

Applicant (Athlete) Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____