

# THE NATIONAL SPORTS CENTER FOR THE DISABLED

## SCHOLARSHIP APPLICATION

Participants with financial need can apply for a scholarship to participate in the National Sports Center for the Disabled (NSCD) activities. Reservations are required for lessons, activities and camps. Reservations need to be made once a participant has received a scholarship award.

Award decisions are based on financial need and solely at the discretion of the NSCD. Incomplete applications will not be considered. Please answer each question completely or note NA (not applicable) in the space provided. Failure to comply with these requirements may result ineligibility for funding. Scholarships are non-transferable and only applicable for the season in which you apply. Please notify the NSCD if you are unable to use your scholarship within 14 days of the award notification or your award will be automatically declined and awarded to another participant.

Who is completing this application?      Individual      Parent/Guardian      Group Coordinator

Contact name: \_\_\_\_\_ Email: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Military veteran:    Yes    No

Town/County: \_\_\_\_\_ Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Is the participant in a group?    Yes    No    If yes, which group: \_\_\_\_\_

Please indicate the first and second choice for activities (including number of days, full or half, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

**Financial Information: Please complete the following table based off information for the entire household.**

Monthly Income		Monthly Expenses	
Gross:		Rent or Mortgage:	
Social Security:		Utilities:	
Child/Spousal Support:		Telephone/Cable:	
Investment:		Loan Payments:	
List Other:		Child/ Spousal Support:	
Total Monthly Income		Medical/ Insurance:	
Please provide your taxable income amount from your Federal tax return, Form 1040, line 10:		Child Care:	
		List Other:	
		Total Monthly Expenses	

Does the participant qualify for or currently receive assistance from one of more of the following programs (select all that apply):

- |   |  |
|---|--|
| Medicaid                                  | Free or Reduced Price School Lunch Program           |
| Unemployment                              | Aid for Dependent Children                           |
| Social Security Disability Benefits       | Foster Care  |
| Supplemental Nutrition Assistance Program | Other state or federal financial assistance programs |
| Temporary Assistance for Needy Families   |  |

I have read and understand the application guidelines. I understand that completion of this application does not guarantee that a scholarship will be awarded.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed Application to:** NSCD, Attn: Scholarships, P.O. Box 1290, Winter Park, CO 80482  
 Phone: 970-726-1518 | Fax: 970-726-4112 | Email: [reservations@nscd.org](mailto:reservations@nscd.org)

**Mountain and Metro programs help individuals reimagine adaptive sports and #RethinkAbility**