

CONFIDENTIAL

Eagle County Youth Activities Grant/Tom Slaughter, Jr. Memorial Recreation Grant

Application for Financial Aid
(Grant request not to exceed \$200)

The Eagle County Youth Activities Grant awards funds to school age youth living in Eagle County for the pursuit of recreational activity. The Tom Slaughter, Jr. Memorial Youth Recreation Grant awards funds to the same group for any Vail Recreation District youth program. Grant decisions are based mostly on financial need, but other factors such as the applicant's desire, ease of participation and positive growth benefits are also considered.

Vail Recreation District's Youth Services branch administers the ECYA Grant with the assistance of an anonymous community committee. Applicants may receive full, partial or no financial assistance from this grant request. If granted, the applicant is under no obligation to reimburse these funds, but the applicant and/or their parents/guardians are **REQUIRED** to volunteer at a special function during the next calendar year on behalf of the Grant program. Program funds are entirely fund raised, so the financial status of the account may effect the number of grants made in certain years. Grant recipients will receive notice of fund raising opportunities and special events and are expected to respond to these requests for participation in a timely manner. Tom Slaughter grant recipients are not required to volunteer for VRD programs, but volunteer assistance is always greatly appreciated.

Applicants may request funds for any recreational activity in Eagle County. Consideration *may* be given for educational classes or recreation programs offered outside Eagle County. Applications are available in English and Spanish at Vail Recreation District offices (Youth Services, Dobson Ice Arena, Sports, Nature Center, Golf and Administrative), local schools or by writing: **VRD Youth Services, 395 East Lionshead Circle Vail, CO 81657**

The answers to the following questions are confidential and are intended only for the committee making the financial aid selections. All questions must be completed **IN FULL** for the grant request to be processed. *Please involve your child in the application process by allowing him or her to complete the applicant's section.* The committee reserves the right to make inquiries it deems necessary regarding this application.

Please mail or deliver all applications to the Vail Recreation District's Youth Services branch located in the Lionshead Parking Structure at 395 East Lionshead Circle Vail, CO 81657. You may also fax to (970) 479-2835. For further information, call (970) 479-2292.

Contributors

Eagle Valley Community Fund, Vail Resorts, Inc., Vail Recreation District

SECTION A – GENERAL INFORMATION

Applicant (child) Name _____ Date _____

Male Female Date of Birth _____ Age _____ Grade _____ Phone _____
Mother's Name _____ (H) _____ (Cell) _____
Address _____ City/St/Zip _____
Father's Name _____ (H) _____ (Cell) _____
Address _____ City/St/Zip _____
Guardian's Name _____ (H) _____ (Cell) _____
Address _____ City/St/Zip _____

SECTION B – APPLICANT INFORMATION (to be completed by the child)

Name of program funds are needed for: _____
Dates of operation: _____ Operating Agency: _____
Total cost of program \$ _____ Amount of funds needed \$ _____
Are you a permanent resident of Eagle County? Yes No
How long have you lived in Eagle County? _____ Where do you live? _____
What school do you attend? _____
If private, how much is tuition per year? \$ _____
Do you receive financial assistance for school? Yes No If yes, how much? \$ _____
Do you work? Yes No Place of Employment _____ Phone _____
Number of hours per week: _____ Hourly wage: \$ _____ Total Annual Income \$ _____
Do you have transportation? Yes No If yes, what means? _____

Please tell the committee in 50 to 100 words why you would like to attend the program or activity you have applied for: _____

SECTION C - PARENT INFORMATION

Parents Status: Married Single Unmarried: (Divorced Separated Widowed)

Are you a homeowner? Yes No If yes, estimated value of home: \$ _____

Amount of monthly rent or mortgage payment \$ _____

Do you own other property? Yes No If yes, estimated value: \$ _____

How many children are in the family? _____ Ages: _____

How many people live in the home? _____ Do you have any tenants? Yes No

How Many? _____ Amount of monthly rent collected from tenant(s): \$ _____

Does the mother work? Yes No How many jobs? _____

Place(s) of Employment _____ Phone(s) _____

Number of hours per week: _____ Hourly wage: \$ _____ Mother's Annual Income \$ _____

Does the father work? Yes No How many jobs? _____

Place(s) of Employment _____ Phone(s) _____

Number of hours per week: _____ Hourly wage: \$ _____ Father's Annual Income \$ _____

Do you receive child support? Yes No If yes, how much per month? _____

How many children contribute to the family income? _____ Full time Part time

Total additional income: \$ _____ *Please add all sources of income to total on next line:*

*** PARENT/GUARDIAN ANNUAL GROSS INCOME: \$ _____**

**This is required information for your grant to be processed*

The Grant committee respectfully reserves the right to request your income tax return or pay stub if more information is necessary. All application materials are kept strictly confidential.

Are there any special circumstances the Grant Committee should know about before evaluating this application? _____

How did you learn about the Eagle County Youth Activities Grant? _____

Have you received assistance from this program before? Yes No

If yes: when, for what and how much aid? _____

If yes, did you volunteer on behalf of the Grant since you last received funding? Yes No

Please elaborate: _____

In order to help the Grant Committee process your application, we will contact your school counselor and principal. Please note their names below:

Principal: _____ Counselor: _____

Additionally, please give two local references. They must be at least 21 years of age and of no relationship to you.

1. Name _____ phone (H) _____ (W) _____

Address _____ City/St/Zip _____

2. Name _____ phone (H) _____ (W) _____

Address _____ City/St/Zip _____

If you receive a grant, you or your parent is required to volunteer for a fund raising or other special event during the next calendar year. Failure to do so may affect future year's funding chances. Notification of these opportunities will be sent to you.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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Date application received _____ Date reviewed _____ Approved Yes No

Amount of funds awarded \$ _____ Date notified _____ Date given _____