



2023-2024 Financial Aid

**Please submit with all requested information by December 15th, 2023 if possible.
As an organization we will do everything we can to get kids on snow. Please contact us
at 775 323 5125 or info@skytavern.com for help. (Government form if it seems harsh!)**

In honor of Angela Riggan, Richard Taylor, Marchand Pike, and Hal Coddig, who embodied the spirit of the Sky Tavern Junior Ski Program, a Scholarship Fund has been established. These individuals dedicated themselves to their community and children, setting an example for all who knew them. Donations made in their memory will allow the Junior Ski Program to provide scholarships to children who may not have the financial means to participate, further expanding its reach and impact.

Sky Tavern offers Financial Aid on a sliding scale, ranging from 0% to 95% reduction in fees. Our approval process for Financial Aid is based on pre-established guidelines that consider family income and size. To apply for Financial Aid, kindly submit the completed application along with your income verification. The Financial Aid Committee will assess your eligibility based on the criteria and inform you of their decision. To ensure a smooth process, please fill out all forms included in the Financial Aid Application Package and provide a letter explaining why asking for a scholarship this season.

Please note that we require all information to be submitted in order for your application to be considered. The children's section is very important. Volunteers review the applications.

- Completed Application
- Letter explaining “why” you are applying
- Children’s page – to be completed by the participating children
- Last 2 Paystubs: For all adults listed on application
- Last year’s Tax Return (front page only)
- Completed Membership Application
- Digital submissions must be in PDF format
- Email to info@skytavern.com or mail to:
21130 Mt Rose Highway, Reno, NV 89511

Sky Tavern wants to help. Help us to help you.





2023-2024 Scholarship Application

Household information:

Primary parent/ Co-Parent: Including any other Adults in household

Name: Frist & Last Name	Relationship: to the children Mother, Father, Grandparent, etc..	Marital Status (Married, divorced, or single)

Address: _____

City: _____ State: _____ Zip: _____

Rent: _____ Own: _____ Monthly payment amount _____

Number of People living in the Household _____

How Many under the age of 18? _____

Will Parents be joining the program? _____

How Many under the age of 18 will be joining the program? _____

Is Equipment needed? Y/N





Income information: Needed for every adult listed above

Primary Parent:

Employer _____ Phone Number _____
Occupation _____ Hourly ___ Other _____
How often paid _____
Gross Amount per pay period _____

Co -Parent

Employer _____ Phone Number _____
Occupation _____
Hourly _____ Salary _____ Other _____
How often paid _____
Gross Amount per pay period _____

Any additional Family Members in the household:

Employer _____ Phone Number _____
Occupation _____
Hourly _____ Salary _____ Other _____
How often paid _____
Gross Amount per pay period _____





List other income including self-employment, child support, unemployment, social security benefits, disability etc.

Source:	Income:

Total:

Expenses: Loan, CC, child support, alimony, Mortgage, Bills, ETC.

Type:	Monthly Payment:

Total:

Information provided will be kept confidential





This section **MUST** be completed by each child that will participate in the program
(If not completed by the child, the application will be sent back. We want to hear from them.)

Please use a new page for each child

Child: Name: _____ Age: _____

What school do you go to? _____ What grade? _____

Why do you want to be in the Sky Tavern Junior Ski Program this winter?

Have you been to Sky Tavern before? (please circle one) No

If yes, what was your favorite part? _____

What other sports or hobbies do you like? _____

How would you be spending your Saturday and Sunday if you weren't attending the Sky Tavern program? _____





I understand that deliberate misrepresentation of information subjects the applicant(s) to being disqualified for scholarship consideration. I hereby certify that all the above information is true and correct to the best of my knowledge and belief.

Parent or Legal Guardian Signature

Date

-----Below to be completed by Sky Tavern Junior Ski Program Financial Aid Committee-----

Qualifies for _____% Reduction in Cost, Balance Due \$ _____

Approved by: _____

Date Contacted:	Method of Contact:	Contacted by:

Equipment Needed? Yes/No

Date: _____





Registration Information : Needed for every participant, including adults

Please use additional pages if needed

Name: _____
Date of Birth: ____/____/____
Category: Snowboard Ski
Membership Type:

- Support Member
- Child of Member (Ages 6+)
- Sky Kids (Ages 4 and 5)
- Adaptive Program
- Bus Student
- Member Only
- Instructor
- Race Team
- Freestyle
- Other _____

Name: _____
Date of Birth: ____/____/____
Category: ___Snowboard ___Ski
Membership Type:

- Support Member
- Child of Member (Ages 6+)
- Sky Kids (Ages 4 and 5)
- Adaptive Program
- Bus Student
- Member Only
- Instructor
- Race Team
- Freestyle
- Other _____

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