



**Matt Harnett Memorial Fund  
2021 – 2022 Season**

KSC coach Matt Harnett passed away in November of 2012. At the club, Matt was best known for his love of skiing, sense of humor and outstanding rapport with the young athletes he loved to coach. We have also since lost Ed Carey, another long-time coach in our Hopefuls Program. In honor of Matt and Ed and their contributions to the Hopefuls and Alpine Stars Programs over the many years they coached our young athletes, the Matt Harnett Memorial Foundation provides the means to raise monies through charitable donations that provide our younger athletes opportunities to participate in the KSC/KMS Development Programs.

Applicants for scholarship will be evaluated on the following criteria:

1. Financial Need  
The applicant should exhibit a financial need in order to be able to participate on our competitive programs in any discipline including alpine, freestyle, free-ride, and all-mountain or snowboarding.
2. Character  
The applicant should exhibit core values consistent with the KSC code of conduct, and be considered by his/her peers, teachers, coaches, and parental community of KSC to be worthy of assistance in order to be a part of the KSC community and our competitive programs.
3. Academic  
The applicant should exhibit the desire, motivation, work ethic, and intelligence to succeed in his/her academic pursuits.
4. Athletic  
The applicant should exhibit the desire, motivation, and work ethic to achieve his/her goals in the sport and be willing to actively participate in the competitive programs with the focus necessary for personal improvement in the sport.

Information which supports the applicant's request for scholarship such as grade reports, written recommendations from teachers, coaches, or other personal contacts should be included as part of this application. All information supplied as part of the scholarship evaluation process will be held in the strictest confidence and reviewed only by the KSC Scholarship Committee. No information as supplied will be released in any manner written, or verbal to anyone, or any other organization other than the current standing active members of the KSC Scholarship Committee.

KSC Scholarship Committee:

Bryan Hopkins – Chair  
Mike Castellini, Gail Barber and Chuck Hughes



**KSC/KMS Development Programs – Matt Harnett Memorial Fund Scholarship  
Application**

**Applicant's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

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

**Street** \_\_\_\_\_

**Town/City** \_\_\_\_\_

**State/Zip** \_\_\_\_\_

**Was applicant a participant in KSC/KMS Development Programs the previous season?**

\_\_\_\_\_ **yes** \_\_\_\_\_ **no**

**What KSC/KMS Program is applicant participating in, or would like to participate in?**

\_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

\_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

\_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please list other children dependent on parents for support:**

\_\_\_\_\_ **Age** \_\_\_\_\_ **Relation** \_\_\_\_\_

\_\_\_\_\_ **Age** \_\_\_\_\_ **Relation** \_\_\_\_\_

\_\_\_\_\_ **Age** \_\_\_\_\_ **Relation** \_\_\_\_\_

\_\_\_\_\_ **Age** \_\_\_\_\_ **Relation** \_\_\_\_\_

**How many of the children above will be attending tuition-charging institutions this season?**

**How many of the children above will be participating in KSC/KMS Development Programs this season?**



**Please explain your circumstances and reason for the scholarship request. Please feel free to note any special family or financial situations you believe merit consideration:**

**Please list expenses you expect to incur this season for the Applicant:**

**School Tuition:** \_\_\_\_\_  
**KSC/KMS Program Fees:** \_\_\_\_\_  
**Travel:** \_\_\_\_\_  
**Race license/fees:** \_\_\_\_\_  
**Equipment:** \_\_\_\_\_  
**Other:** \_\_\_\_\_

**Please list the amount requested for this season from the scholarship fund:**

**Amount Requested:** \_\_\_\_\_

**Parents' Certification & Authorization**

We declare that the information reported on this form, to the best of our knowledge and belief, is true and complete. We authorize transmittal of this form to the KSC Scholarship Committee and understand that all information provided is strictly **confidential**. If requested by the KSC Scholarship Committee, we agree to send a copy of our latest income tax return or other pertinent financial data for consideration and evaluation of this application for scholarship. It is our responsibility to keep information regarding this application process confidential and that all funds distributed will be applied directly to KSC/KMS Development Program Fees upon award. We also understand award recipients are expected to pitch in around the club and parents are expected to provide volunteer time in support of the KSC.

Signature parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send the completed application by the 10/15/21 deadline to:**

Killington Ski Club  
Attn: Scholarship Committee – Confidential  
PO Box 1066  
Killington, VT 05751

Or: Email scanned copy (pdf) to [scholarship@killingtonskiclub.com](mailto:scholarship@killingtonskiclub.com)