



## **Killington Ski Club – Scholarship Fund 2023 – 2024 Season**

Killington Ski Club (KSC) has a long history of providing scholarship monies to our athletes and families to assist in the athlete's development in their respective snow sport disciplines. Some of our athletes would not have been able to achieve success and make it to the highest levels of the sport without the financial support of the KSC.

The KSC community of athletes and families provides the charitable donations to make continuing financial support of our athletes possible. The club has been, and always will be committed to the development of our athletes and providing as much financial support as possible to those in need to help them participate in our 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  
Chuck Hughes and Gail Barber



**KSC/KMS Development Programs – 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 as well 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 of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of 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)