

### 2025

# CITY OF ASPEN RECREATION DEPARTMENT SCHOLARSHIP POLICY

&

# FINANCIAL AID APPLICATION – ADULT

Aspen Recreation Department 110 E. Hallam St., Suite 135 Aspen, Colorado 81611 970-920-5140 970-920-7478 Fax www.aspenrecreation.com

SCHOLARSHIPS SUPERVISOR: Lyndsey Jackson lyndsey.jackson@aspen.gov 970-319-4242

#### **PURPOSE:**

In an effort to provide all Roaring Fork Valley residents access to our programs, individuals may use this form to apply for a scholarship which may cover a part or the majority of a program fee or facility membership pass. All submitted applications will be reviewed based on the expressed need of the applicant(s).

#### PROGRAMS NOT ELIGIBLE FOR SCHOLARSHIP:

- —Programs under \$30 per person
- —Select adult recreation programs, contact Scholarships Supervisor with inquiries
- —Special events under \$30 per person
- -Facility and/or equipment rentals
- —Personal training & private lesson sessions

#### **POLICY GUIDELINES:**

- —Scholarship funds are limited and are awarded based upon availability
- —Scholarships may be awarded in full or given in a partial amount
- —Scholarship approval does not guarantee a spot in programming, as they are filled first come first serve
- —Applicants are required to reapply for each season a scholarship is needed
- —Applicants must show proof of RFV residency. If your residency status changes, you will forfeit your assistance
- —Failure to attend a scheduled program paid for by a scholarship may result in loss of financial assistance
- —Failure to follow program/facility rules may result in loss of financial assistance
- —Usage of awarded funding will be reviewed upon subsequent application & future monies awarded may be adjusted accordingly
- —Submittal of an application does not guarantee scholarship
- -Scholarships are not retroactive

#### **ELIGIBILITY:**

- —Applicants must be in good standing with the Aspen Recreation Department
- —Must have lived or worked in RFV for at least 6 months
- —Income verification is required with application (see Required Forms Checklist)
- —Applications will be rejected if no proof of income is given
- —Applicants must show financial need for assistance. Applicants who do not meet income standards, but who are still in need based on extenuating circumstances, must supply written explanation of circumstances and reason for scholarship request.

#### **HOW TO APPLY:**

- —Complete this application & attach all required documents listed on the Required Forms Checklist
- —Turn application in to the Aspen Recreation Center, Red Brick Recreation Center, or email as PDF attachment to lyndsey.jackson@aspen.gov
- —Complete applications will then be confidentially reviewed by the Scholarships Supervisor and/or Operations Manager
- —Applicants will receive written notice via email once scholarship has been awarded with instructions on how to access programming and/or membership pass
- —Please allow a minimum of 2 weeks for scholarship processing

## 2025 Financial Aid Application - Adult

Date of Application:		
Name of Applicant:		
**Applications will only be processed when ALL below documentation is received**		
Incomplete applications will be rejected.		
REQUIRED FORMS CHECKLIST:		
Check the box when you've added the document		
<ul><li>2024 Federal Tax Returns (2023 if not yet completed)</li><li>Current W-2's from all employers</li></ul>		
☐ Current pay stub from all employers		
<ul> <li>Self-employed – financial statement</li> <li>(YTD Profit/Loss Statement and/or complete set of business taxes)</li> </ul>		
<ul> <li>State of Colorado Identification Verification (See list of acceptable documents below)</li> </ul>		
STATE OF COLORADO IDENTIFICATION VERIFICATION:		
Please check the box for which form is attached for both Parent/Guardians		
☐ Colorado driver's license or identification card;		
☐ US military card or military dependent's identification card;		
☐ US Coast Guard merchant mariner card; and		
☐ Native American tribal documents		
If you do not have one of the ID types listed above, you can confirm your local residency with your current state-issued ID document as well as proof of residency with your name and local physical address clearly visible in the form of: a signed mortgage/lease agreement, a utility bill, credit card statement, or bank statement.		

APPLICANT'S INFORMATION:	SPOUSE'S INFORMATION:	
Name:	Name:	
Home Phone:	Home Phone:	
Work Phone:	Work Phone:	
Cell Phone:	Cell Phone:	
Email:	Email:	
ASSISTANCE REQUESTED:		
Members	ship Pass:	
Choose One: 20 Punch Pass 1 mon	th 3 Month 6 Month Annual	
Choose One: Youth (2-17) Adult (18-	-) Senior (62+) Family (4 members)	
Expecte	ed Usage:	
Choose One: 1-3 Days/ Week 4-7 Da	ays/ Week 1-2x/ Month Other, specify	
employment, family status, income, or residence	e:	
EMPLOYMENT: Please  Applicant:  Employer's Name & Address Employer's Phone # hours worked/week  Employer's Name & Address Employer's Phone # hours worked/wook		

Spouse: Employer's Name & Address			
Employer's Phone# hours worked/week			
Employer's Name & Address Employer's Phone # hours worked/week			
In order to be considered for financial aid, we must consider any and all household income, whether or not your family is married, living together, or in any way contributing to household income. Please understand that we may ask for documentation regarding child custody, child support or other factors that affect your household income.			
ESTIMATED TOTAL HOUSEHOLD GROSS ANNUAL INCOME			
2024 \$ 2025	5 \$		
<b>Include any non-work income:</b> Child Support, Social Security, Trust Income, Worker's comp, Cash gifts, dividends from stocks or bonds, pensions/retirement, interest on savings, other.			
Please show how you calculated your estimated income below:			
SIGNATUR	RE		
Falsification of any of the above information or use of than described herein may lead to immediate terminat			
Applicant Signature	Date:		

Please keep in mind:
Applications that are not complete will be rejected.

Applications are considered complete when they are turned in with all required documentation listed on the Required Forms Checklist.