



2026

**CITY OF ASPEN
RECREATION DEPARTMENT
SCHOLARSHIP POLICY**

&

**FINANCIAL AID
APPLICATION – FAMILIES/CHILDREN**

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, families 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 and worked in RFV for at least 6 months prior to applying
- 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 documents listed on the Required Forms Checklist
- Turn application in at 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

2026 Financial Aid Application – Families/ Children

Date of Application: _____

Name of Children: _____

****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

- 2025 Federal Tax Returns (2024 if not yet completed)
- Current W-2's from all employers
- Current pay stub from all employers
- Self-employed – financial statement
(YTD Profit/Loss Statement and/or complete set of business taxes)
- State of Colorado Identification Verification
(See list of acceptable documents below)

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.

PLEASE LIST ALL CHILDREN & ASSISTANCE REQUESTED:

Name _____ Age _____ Program _____

Name _____ Age _____ Program _____

Name _____ Age _____ Program _____

PARENT/GUARDIAN # 1 INFO:

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

PARENT/GUARDIAN # 2 INFO:

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

ASSISTANCE REQUESTED: _____**Membership Pass:**Choose One: 20 Punch Pass 1 month 3 Month 6 Month AnnualChoose One: Youth (2-17) Adult (18+) Senior (62+) Family (4 members)**Expected Usage:**Choose One: 1-3 Days/ Week 4-7 Days/ Week 1-2x/ Month Other, specify _____Please explain special circumstances or recent changes in employment, family status, income, or residence:

EMPLOYMENT: Please list ALL employers

PARENT/GUARDIAN # 1:

Employer's Name & Address _____

Employer's Phone _____

hours worked/week _____

Employer's Name & Address _____

Employer's Phone _____

hours worked/week _____

PARENT/GUARDIAN # 2:

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

2025 \$ _____

2026 \$ _____

Include any non-work income: 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:

SEE NEXT PAGE

SIGNATURE

Falsification of any of the above information or use of Financial Aid funds for purposes other than described herein may lead to immediate termination of Financial Aid funding.

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.