

CONFIDENTIAL

**Eagle County Youth Activities Grant/Tom Slaughter, Jr. Memorial Recreation Grant**

Application for Financial Aid  
(Grant request not to exceed \$200)

The Eagle County Youth Activities Grant awards funds to school age youth living in Eagle County for the pursuit of recreational activity. The Tom Slaughter, Jr. Memorial Youth Recreation Grant awards funds to the same group for any Vail Recreation District youth program. Grant decisions are based mostly on financial need, but other factors such as the applicant's desire, ease of participation and positive growth benefits are also considered.

Vail Recreation District's Youth Services branch administers the ECYA Grant with the assistance of an anonymous community committee. Applicants may receive full, partial or no financial assistance from this grant request. If granted, the applicant is under no obligation to reimburse these funds, but the applicant and/or their parents/guardians are **REQUIRED** to volunteer at a special function during the next calendar year on behalf of the Grant program. Program funds are entirely fund raised, so the financial status of the account may effect the number of grants made in certain years. Grant recipients will receive notice of fund raising opportunities and special events and are expected to respond to these requests for participation in a timely manner. Tom Slaughter grant recipients are not required to volunteer for VRD programs, but volunteer assistance is always greatly appreciated.

Applicants may request funds for any recreational activity in Eagle County. Consideration *may* be given for educational classes or recreation programs offered outside Eagle County. Applications are available in English and Spanish at Vail Recreation District offices (Youth Services, Dobson Ice Arena, Sports, Nature Center, Golf and Administrative), local schools or by writing: **VRD Youth Services, 395 East Lionshead Circle Vail, CO 81657**

The answers to the following questions are confidential and are intended only for the committee making the financial aid selections. All questions must be completed **IN FULL** for the grant request to be processed. *Please involve your child in the application process by allowing him or her to complete the applicant's section.* The committee reserves the right to make inquiries it deems necessary regarding this application.

Please mail or deliver all applications to the Vail Recreation District's Youth Services branch located in the Lionshead Parking Structure at 395 East Lionshead Circle Vail, CO 81657. You may also fax to (970) 479-2835. For further information, call (970) 479-2292.

**Contributors**

Eagle Valley Community Fund, Vail Resorts, Inc., Vail Recreation District

**SECTION A – GENERAL INFORMATION**

Applicant (child) Name \_\_\_\_\_ Date \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_  
Father's Name \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_  
Guardian's Name \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

**SECTION B – APPLICANT INFORMATION (to be completed by the child)**

Name of program funds are needed for: \_\_\_\_\_  
Dates of operation: \_\_\_\_\_ Operating Agency: \_\_\_\_\_  
Total cost of program \$ \_\_\_\_\_ Amount of funds needed \$ \_\_\_\_\_  
Are you a permanent resident of Eagle County?  Yes  No  
How long have you lived in Eagle County? \_\_\_\_\_ Where do you live? \_\_\_\_\_  
What school do you attend? \_\_\_\_\_  
If private, how much is tuition per year? \$ \_\_\_\_\_  
Do you receive financial assistance for school?  Yes  No If yes, how much? \$ \_\_\_\_\_  
Do you work?  Yes  No Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
Number of hours per week: \_\_\_\_\_ Hourly wage: \$ \_\_\_\_\_ Total Annual Income \$ \_\_\_\_\_  
Do you have transportation?  Yes  No If yes, what means? \_\_\_\_\_

**Please tell the committee in 50 to 100 words why you would like to attend the program or activity you have applied for:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION C - PARENT INFORMATION**

Parents Status:  Married  Single  Unmarried: ( Divorced  Separated  Widowed)

Are you a homeowner?  Yes  No If yes, estimated value of home: \$ \_\_\_\_\_

Amount of monthly rent or mortgage payment \$ \_\_\_\_\_

Do you own other property?  Yes  No If yes, estimated value: \$ \_\_\_\_\_

How many children are in the family? \_\_\_\_\_ Ages: \_\_\_\_\_

How many people live in the home? \_\_\_\_\_ Do you have any tenants?  Yes  No

How Many? \_\_\_\_\_ Amount of monthly rent collected from tenant(s): \$ \_\_\_\_\_

Does the mother work?  Yes  No How many jobs? \_\_\_\_\_

Place(s) of Employment \_\_\_\_\_ Phone(s) \_\_\_\_\_

Number of hours per week: \_\_\_\_\_ Hourly wage: \$ \_\_\_\_\_ Mother's Annual Income \$ \_\_\_\_\_

Does the father work?  Yes  No How many jobs? \_\_\_\_\_

Place(s) of Employment \_\_\_\_\_ Phone(s) \_\_\_\_\_

Number of hours per week: \_\_\_\_\_ Hourly wage: \$ \_\_\_\_\_ Father's Annual Income \$ \_\_\_\_\_

Do you receive child support?  Yes  No If yes, how much per month? \_\_\_\_\_

How many children contribute to the family income? \_\_\_\_\_  Full time  Part time

Total additional income: \$ \_\_\_\_\_ ***Please add all sources of income to total on next line:***

**\* PARENT/GUARDIAN ANNUAL GROSS INCOME: \$ \_\_\_\_\_**

*\*This is required information for your grant to be processed*

*The Grant committee respectfully reserves the right to request your income tax return or pay stub if more information is necessary. All application materials are kept strictly confidential.*

Are there any special circumstances the Grant Committee should know about before evaluating this application? \_\_\_\_\_

---

---

---

---

---

---

How did you learn about the Eagle County Youth Activities Grant? \_\_\_\_\_

---

Have you received assistance from this program before?  Yes  No

If yes: when, for what and how much aid? \_\_\_\_\_

If yes, did you volunteer on behalf of the Grant since you last received funding?  Yes  No

Please elaborate: \_\_\_\_\_

In order to help the Grant Committee process your application, we will contact your school counselor and principal. Please note their names below:

Principal: \_\_\_\_\_ Counselor: \_\_\_\_\_

Additionally, please give two local references. They must be at least 21 years of age and of no relationship to you.

1. Name \_\_\_\_\_ phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

2. Name \_\_\_\_\_ phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

**If you receive a grant, you or your parent is required to volunteer for a fund raising or other special event during the next calendar year. Failure to do so may affect future year's funding chances. Notification of these opportunities will be sent to you.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or deliver all applications to the Vail Recreation District's Youth Services branch located in the Lionshead Parking Structure at 395 East Lionshead Circle Vail, CO 81657. You may also fax to (970) 479-2835. For further information, call (970) 479-2292

Date application received \_\_\_\_\_ Date reviewed \_\_\_\_\_ Approved  Yes  No

Amount of funds awarded \$ \_\_\_\_\_ Date notified \_\_\_\_\_ Date given \_\_\_\_\_