



P.O. Box 1924  
 Grand Junction, CO 81502  
 Phone: 970-257-1222

# Scholarship Application

## APPLICANT'S INFORMATION

Name of Participant \_\_\_\_\_ Today's Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yy)

Please describe the diagnosis/disability of the participant: \_\_\_\_\_

Uses a wheelchair? Y N

Currently in treatment? Y N (circle one) psycho-social/behavioral | mental illness | substance dependency

Other: \_\_\_\_\_

Check here if applying on behalf of a minor child or as the guardian of the client \_\_\_\_\_

## PARENT'S OR GUARDIAN'S INFORMATION

Parent or Guardian Name \_\_\_\_\_

Is the participant or parent/guardian currently employed? YES / NO

Please circle the income level that best matches your average household income:

Family Size	Very Low Income	Low Income	Moderate Income
1	Up to \$12,000	Up to \$20,000	Up to \$32,050
2	Up to \$13,750	Up to \$22,900	Up to \$36,600
3	Up to \$15,450	Up to \$25,750	Up to \$41,200
4	Up to \$17,150	Up to \$28,600	Up to \$45,750
5	Up to \$18,550	Up to \$30,900	Up to \$49,400
6	Up to \$19,900	Up to \$33,200	Up to \$53,100
7	Up to \$21,300	Up to \$35,450	Up to \$56,750
8	Up to \$22,650	Up to \$37,750	Up to \$60,400

**Income above the Moderate level does not qualify for scholarship assistance.**

Does the participant or parent/guardian receive any of the following benefits (circle all that apply)?

Social Security    SSDI Medicaid    Medicare    Other (Please Specify) \_\_\_\_\_

Is the client or parent/guardian a welfare recipient? YES / NO

Does the client or parent/guardian rent or own home? RENT / OWN

In addition to the client, how many people in the household are: Under 18 \_\_\_\_\_ With a Disability \_\_\_\_\_

**SCHOLARSHIP REQUEST**

Amounts of CDA scholarships awarded vary based on need with an average scholarship not exceeding 50% of the activity fee. Please enter the dollar amount requested for this scholarship request.

Requested scholarship amount: \$ \_\_\_\_\_

Event or activity that you are applying for: \_\_\_\_\_

Please describe your reason for requesting scholarship assistance (continue on back if necessary):

**I affirm that the information provided on this application is true and correct to the best of my ability. I release to Colorado Discover Ability Integrated Outdoor Adventures the authority to verify the above information in the course of determining my need for financial assistance.**

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<b>Name (Please Print)</b>	<b>Signature</b>	<b>Date</b>
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*Colorado Discover Ability does not discriminate against employees, students, clients, or applicants for employment or services on the basis of age, ancestry, color, creed, disability, gender, national origin, race, religious beliefs, sexual orientation, or veteran status.*