

Silver Star Adaptive Snow Sports Bursary Application

This Application is intended for all students who demonstrate a financial need and ski with Silver Star Adaptive Snow Sports. Please read through it carefully and complete the forms to the best of your ability. Applying for a bursary does not guarantee the student will receive a bursary.

Students Name:		Postal Code:	
Home Address:		Phone:	
City:		Cell Phone:	
Province:		Email:	

If student is under 18, Parent/Guardian Name:		
Parent/Guardian Phone:		Cell Phone:
Email:		

1. Describe disability:

2. Place of employment (if under 18, guardian or parent's place of employment)

Employer's phone number:

3. Do you or your family currently receive public assistance income? Y _____ N _____

4. If Yes, please specify approximate monthly household income: (Please include all household, job related and public assistance income) \$ _____

5. Number of people in household:

6. Approximately monthly expense total for utilities, rent/mortgage, meals, medical, etc

7. Please describe how you believe that participating in SSASS Program will benefit you.

8. What other activities does the student participate in?

9. What costs need to be covered (Ski Rental/Lift Pass/other)?

10. Have you previously participated in SSASS programs: Yes ___ NO ___

If yes, what activities and for how many years: _____

Form Submitted by: _____ Date: _____

Please fill the form out and return to Silver Star Adaptive Snow Sports
Silver Star Adaptive Snow Sports
PO Box 534
Vernon, BC
V1T 6M4

Please address any questions or concerns to SSASS via e-mail: SSASS.Pres@gmail.com