

Alpine Training Services Scholarship Application

We are excited about receiving your application for an ATS scholarship because this means you are one step closer to having an experience of a lifetime! All questions below must be completed by your parent or guardian and their signatures included. All information is confidential. If you are applying for more than one ATS *destination*, you need not fill out multiple forms. Please indicate in your essay which *destination* you are interested in attending.

- ✦ Attach an explanation of your financial need. Note any circumstances that you would like ATS to consider.
- ✦ Attach a copy of your parent/guardian's most recent 1040 tax form.
- ✦ Attach a letter of motivation as to why you want to attend this *destination*.

APPLICANT INFORMATION

Name _____

Permanent Address _____

Phone: Day () _____ Evening () _____

Destination Applied for _____

Email _____

Age _____ School _____

Do you work? If so where, and how much do you earn monthly?

_____ \$ _____ /month

Have you lived with your parent(s) for the past year?

Yes/ No (circle one)

If No, where has been your primary residence?

List any loans, types and amounts, you personally have

outstanding currently? _____

PARENTS OR GUARDIANS

Name _____

Street Address _____

Phone: Day () _____ Evening () _____

Occupation, Employer _____

Marital Status of Parent/Guardian _____

2nd Parent/Guardian Name _____

Street Address _____

Phone: Day () _____ Evening () _____

Occupation, Employer _____

INCOME INFORMATION

Annual Income

Salary Before Taxes _____

Other Income (interest dividends) _____

Support _____

Total _____

Expenses

Living Expenses _____

Other Annual Bills _____

Total _____

Net Income (total income minus expenses) _____

Assets

Cash on hand and in accounts _____

Real Estate Value _____

Investments Value _____

Other Assets _____

Auto(s) (year/model) _____

Total _____

Debts

Mortgages _____

Bank Loans and Credit Cards _____

Auto(s) _____

Net Worth (total assets minus total debts) _____

CHILDREN IN YOUR FAMILY

Name	Age	School/College	Annual Cost	\$aid/year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GIRL SCOUT ESTIMATE OF NEED

\$ _____ Course Tuition

\$ _____ Amount Parent(s) Can Provide

\$ _____ Amount of Aid from Other Sources

\$ _____ Net Amount Needed as Financial Aid

I (We) declare that the information provided is true and complete.

I (We) have enclosed a copy of my (our) 1040 tax form(s).

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____