

# LASP Scholarship Application

Student Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Disability \_\_\_\_\_

Student/Parent/Guardian Employment \_\_\_\_\_

Do you currently receive public assistance income (Social Security, disability, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify \_\_\_\_\_

Have you previously received financial aid from LASP for adaptive ski lessons?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you eligible to participate in the LASP program through another organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide any additional information that you would like LASP to consider.

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Applicant/Parent/Guardian Signature

\_\_\_\_\_  
Date