



MEMBER FINANCIAL ASSISTANCE

Cochran's Ski Club Member Financial Assistance provides funds to qualified Ski Club member family applicants to offset the costs of training and racing.

ELIGIBILITY

This financial assistance is available to racers who will be U12, U14, U16 and U19 members of Cochran's Ski Club in the upcoming season. The athlete must have been a member of Cochran's Ski Club for at least one year prior to applying for assistance.

We do not require applicants to prove financial need. Asking is enough. Applicants should note that we cannot provide support to everyone who asks.

Awards of Member Financial Assistance will not be connected with race results, past or potential.

The Ski Club area pass (\$295 + tax = \$312.70) may be waived by Cochran's Ski Area whether or not you are applying for financial assistance. If you are applying for financial assistance, your Area pass cost will automatically be waived. If you are not applying here but would like the pass cost waived, please contact Area Manager (Jimmy Cochran) directly; he will notify CSC membership coordinator to confirm.

CONFIDENTIALITY

Applications may be reviewed and qualified by a committee selected by the Board. Applicants' names will not appear to the committee. Recipients will not be identified publicly by the Board, though the total dollar amount awarded in each season may be shared with our community.

PROCESS

Complete this application and mail it to Cochran's Ski Club to be received by September 30. Recipients will be notified October 15. The Ski Club membership registrations are due by October 15. Awards will be made once each year. Full program details are available upon request.

Mail to: **Cochran's Ski Club**
ATTN: MFA
P.O. Box 104
Richmond, VT 05477

Payment of awards will be made as a credit toward Ski Club membership fees. Financial assistance awards may not be enough to cover the full Ski Club membership fees.

The application is set up so that a parent may fill it out; if the family chooses the athlete does not have to be aware of the application.



MEMBER FINANCIAL ASSISTANCE APPLICATION

Racer's Name: _____

Date of Birth: _____

Address: _____

If we have any questions about this application, whom should we contact, and how?

Name: _____

MAIL TO:
Cochran's Ski Club
ATTN: MFA
P.O. Box 104
Richmond, VT 05477

Phone: _____

Email: _____

The above information will be invisible to reviewers

Racer's U-level, 2020-21 season: _____

How many years has the racer been a member of Cochran's Ski Club? _____

1. What are the racer's goals for the upcoming season?
2. What does the racer do that promotes Cochran's spirit?
3. How has ski racing affected this racer's life so far?
4. If financial resources have limited this racer's participation in events, training, support or equipment in the past, describe how.
5. What amount of financial assistance are you hoping to receive?