



**Cochran's Ski Club Member Financial Assistance provides support to qualified applicants to offset the costs of Cochran's Ski Club membership fees.**

### **ELIGIBILITY**

This financial assistance is available to racers who will be U12, U14, U16, U18 and U21 members of Cochran's Ski Club in the upcoming season.

We do not require applicants to prove financial need. Asking is enough. Applicants should note that we may not be able to 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 check the request box on your Ski Club registration.

### **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 email it to [hello@cochranskiclub.com](mailto:hello@cochranskiclub.com) by **October 9** and awards made by October 15. Applications received after October 9 will be awarded on a rolling basis while funds are available. Please note late fees apply after October 15 for renewing U.S. Ski & Snowboard members age 13 and over, and all renewing VARA members. Full program details are available upon request.

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.



# cochran's ski club

## MEMBER FINANCIAL ASSISTANCE APPLICATION

Racer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Racer's U-level, 2024-25 Season: \_\_\_\_\_

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

What amount of financial assistance are you hoping to receive? \_\_\_\_\_

Please let us know if there's anything else you'd like to share:

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Please submit via EMAIL TO: [hello@cochranskiclub.com](mailto:hello@cochranskiclub.com)