



Taos Winter Sports Team

Athletes Name:

Executive Director

PO Box 3011

Taos, NM 87529

575 770-8358

director@taoswintersportsteam.com

James Herrera Scholarship Application

Dear James Herrera Scholarship Applicant,

Thank you for your interest in the James Herrera Scholarship (JHS). Below is general information and the requirements of the scholarship and the JHS application itself. By submitting a signed application, you agree to all terms, conditions and requirements of the JHS program.

The James Herrera Scholarships are awarded to applicants based on financial need. Open to all ages of participants 7 to 18 years of age. Registration for the program must be submitted prior to scholarship application submission. An applicant's character, goals, community involvement and special circumstances will also be taken into consideration. Priority will be given to 1) Taos County residents 2) New Mexico residents 3) Out-of State residents.

Should an athlete be awarded a scholarship, the recipient and their parents/ legal guardians will be required to participate in two (2) TWST events (fund raising, local race events, etc.) A total of 8 hrs. Failure to do so will result in disqualification for future JHS consideration.

The JHS review committee is comprised of TWST staff and board members. Please indicate the percentage of the program fees you are requesting. You may apply for %25, %50, %75 and %95. When this partial scholarship is awarded, the balance of the program fees must be paid in full before the athlete may participate in the program.

Thank you for your interest, Kristi Vine, Executive Director and TWST Scholarship Committee

JAMES HERRERA SCHOLARSHIP APPLICATION

THE FOLLOWING ITEMS ARE REQUIRED IN ADDITION TO THE COMPLETED APPLICATION.

- 1) Parent statement. A short (one page or less) essay explaining why we should consider your athlete for a scholarship.
- 2) Athlete personal statement. No longer than 2 double spaced pages in length and must address the following:
 - a) Why should TWST provide a scholarship to you? Why is it important to you?
 - b) How have you demonstrated leadership and commitment to the community?
 - c) What are your goals for the season and how do you plan to achieve those goals?
- 3) Anything else that will help the committee get to know you better.
- 4) A letter of recommendation from someone who has worked closely with the athlete. Perhaps a teacher or a coach. (Not a family member.)

Scan and email to: director@taoswintersportsteam.com

Or print and mail to: Taos Sports Associates James Herrera Scholarships, PO Box 3011, Taos, NM 87571

Keep a copy for your records.

JAMES HERRERA SCHOLARSHIP APPLICATION

James Herrera Scholarship Application

All parents or guardians are required to provide financial proof of eligibility or a notarized document stating their lack of financial responsibility to the athlete.

Athlete Name/Birthdate- Birth Year

In which program do you wish to participate? (please circle):

Alpine Big Mountain DEVO Gateway Snowboarding

Parents/ Legal Guardians Information:

Parent Name 1.

Parent Name 2:

Address:

Address:

City/ State/ Zip code:

City/State/Zip Code:

Phone:

Phone

Email:

Email

Occupation:

Occupation

How many children are in the family?

Who does this applicant live with?

Address: City/ State/ Zip code:

Phone:

Email:

Occupation:

For purposes of confirmation of need, you may be required to supply financial documentation to the scholarship committee if requested.

JAMES HERRERA SCHOLARSHIP APPLICATION

I/we have read and agree to the following criteria:

A) I/we will supply financial documentation if requested by the Scholarship Committee.

Parent/ Guardian 1 initials:

Parent/ Guardian 2 initials:

B) I/we will make myself and my athlete available for volunteer activities, fund raiser events and competitions to support the team. This will include two (2) events, to be determined by the Athletes parents and the Program Director.

Parent/ Guardian 1 initials:

Parent/ Guardian 2 initials:

C) I/we understand when the applicant is awarded a partial scholarship, that full payment of the remaining amount of program fees will be due prior to the first day of participation.

Parent/ Guardian 1 initials:

Parent/ Guardian 2 initials:

D) I/we understand that failure to fulfill any of the above requirements will disqualify my athlete for future scholarship consideration.

Parent/ Guardian 1 initials:

Parent/Guardian 2 initials:

JAMES HERRERA SCHOLARSHIP APPLICATION

Submit a notarized copy of this application, including the following declaration of all parents(s)/ legal guardian's income level(s).

Please include total income for all parents or guardians.

☐ under \$25,000

☐ \$25,000 — \$49,999

☐ \$50,000 — \$74,999

☐ \$75,000 and up

Parent/ Legal Guardian Signature 1:

(SEAL) Date: _____ NOTARY PUBLIC My
Commission Expires:

Parent/ Legal Guardian Signature 2:

(SEAL) Date: _____ NOTARY PUBLIC My
Commission Expires:

Athletes Name: