

Dear Ascendigo Scholarship Applicant,

Through the generous support of donors, we are pleased to offer two full-tuition scholarships for one week of Ascendigo Summer Adventures camp in 2021. Each scholarship is a \$2150 value, and the recipients may be eligible for additional funding to assist with transportation and lunch. In an effort to be a more inclusive camp for ALL individuals, additional preference may be given to applicants who identify as being part of a minority group or protected class.

One of the premier autism-specific sports programs in the country, Ascendigo's Summer Adventures Camp is centered around athletic growth and fostering independence. We believe sports and recreational activities can be accessible, enjoyable and achievable for any individual with autism or a related challenge. At Ascendigo, our highly trained staff create individualized lesson plans for your athlete, designed to create a unique experience and help each participant achieve their goals.

Scholarship applications are reviewed by an independent committee of supporters and partners associated with Ascendigo. This scholarship is restricted and will only be considered if the family meets the criteria outlined below.

Please review this application carefully and be sure to reach out should you have any questions. We are unable to consider late or incomplete applications.

Best,

Mathew McCabe

Mathew McCabe

Director of Adventures



ELEVATING THE SPECTRUM
FOR INDIVIDUALS WITH AUTISM

Summer Adventures Camp

Summer 2021 Pricing Information

Camp Type	Cost
Day Camp – 5 Days (Monday – Friday)	\$2,150

Summer 2021 Camp Dates

Session	Dates
Week 7	Aug 9-13

*If this week does not work for you, you are still encouraged to apply.

*All registrations are subject to the **2021 Ascendigo Camp Agreement**



ELEVATING THE SPECTRUM
FOR INDIVIDUALS WITH AUTISM

SCHOLARSHIP CRITERIA

Scholarship applicants must meet the following criteria to be considered:

- A local resident who lives in the greater Roaring Fork Valley (Rife to Aspen)
 - Could not afford Ascendigo programming without financial aid.
- Participant must have some sort of developmental, social, or cognitive difference.
 - Scholarship recipients are required to help thank donors.

Deadline

Completed applications must be received by May 7th, 2021 **at 5 p.m. MST.**

No exceptions will be allowed.

Scholarship recipients will be notified no later than May 21, 2021.

No Insurance or Medicaid Available

Currently, Ascendigo is unable to accept private insurance or Medicaid payments for Summer Adventures Camp.



ELEVATING THE SPECTRUM
FOR INDIVIDUALS WITH AUTISM

Summer Adventures Camp

SCHOLARSHIP APPLICATION

Please print clearly and e-mail to Ilse Bustamante ibustamante@ascendigo.org or mailed to Ascendigo Autism Services offices located at 818 Industry Place, Carbondale, CO 81623. Section marked with an * indicate a mandatory field.

*Participant Name: _____ *Age: _____

*Parent/ Guardian/ Contact Name: _____

*Address: _____

*City/State/Zip: _____

Phone: (____) _____ *Email: _____

*Have you been granted financial aid from Ascendigo before? (check one) Yes _____ No _____

If yes, when? _____

*Adjusted gross income (AGI) for your household (please provide copies of last three years of tax returns): (check one)

<input type="checkbox"/> Less than \$20,000	<input type="checkbox"/> \$20,000-\$39,999	<input type="checkbox"/> \$40,000-\$59,999
<input type="checkbox"/> \$60,000-\$79,999	<input type="checkbox"/> \$80,000-\$99,999	<input type="checkbox"/> \$100,000-\$119,999
<input type="checkbox"/> More than \$120,000		

Please list any additional household contributions. If the applicant is financially supported in whole or in part by a non-household adult or agency, contributions from these parties must be included. Examples include but are not limited to: welfare, child support, alimony, pensions, retirement, trusts, social security, respite, private education funding, health insurance benefits, FIA, SSI, workman's comp, unemployment benefits (*Continued on next page*).



ELEVATING THE SPECTRUM
FOR INDIVIDUALS WITH AUTISM

Summer Adventures Camp

Source:

Annual Amount:

\$ _____

\$ _____

\$ _____

How many family members does the above income support? _____

(Optional) Please explain below why you are requesting financial aid. Be sure to include exceptional circumstances, such as unemployment, unreimbursed medical expenses, and any other factors that will help us make a fair decision. Attach additional paper if more space is needed.

(Optional) Do you consider the participant or the parent/guardian a member of a minority group or protected class? If yes, please explain.

(Optional) Do you have additional financial needs that could inhibit the participant's ability to attend camp such as: a lack of appropriate clothing, transportation, food, etc.? If yes, please explain.

**I certify that the above information is true and correct to the best of my knowledge. Ascendigo Autism Services may verify the information on this application by requesting official documentation.*

Printed Name: _____ Date: _____

Signature: _____