



Phone: (970) 641-7612
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Scholarship Application 2016

GCSAPP Vision:

All Gunnison County youth are actively engaged in their life and making healthy informed choices.

**MUST BE FILLED OUT BY STUDENT WITH THE HELP OF A PARENT OR GUARDIAN*

Participant's Name: _____ **Date:** _____

Guardian's Name: _____

Address: _____

Phone Number: _____ **Email:** _____

Name of Choice Pass Business to apply award: _____

Cost of pass/membership: _____

Total Amount requested: _____

Student: Please answer the following questions honestly and thoughtfully:

- 1) Why did you sign up for a Choice Pass?

- 2) How will your membership/pass support your healthy lifestyle?

I agree with the terms that if break my Choice Pass pledge I will be required to complete 10-20 hours of community service at an approved location by GCSAPP.

I agree with these terms _____ (Initials)

I will use Scholarship funds for the purpose stated above and provide proof of membership/pass.

Applicant's Signature _____ **Guardian Signature** _____

For internal use only:
 Reviewed _____ Qualified _____ Enrollment Confirmed _____ Amount Awarded _____ Date _____ Check _____

GCSAPP Choice Pass Scholarship provides financial support for Choice Pass Holders to participate in healthy activities that support the GCSAPP mission through the Choice Pass Community Fund, a component fund of the Community Foundation of the Gunnison Valley. The Scholarship Review Committee establishes guidelines, reviews applications, and determines eligibility. The number and amount of scholarships are determined by available funds and awarded on an annual basis.