

JAMES HERRERA SCHOLARSHIP



Taos Sports Associates
dba Taos Winter Sports Team
PO Box 3011
Taos, NM 87571
director@taoswintersportsteam.com

“We strive to help athletes achieve Gold in their physical, mental, personal, and social development”

ATHLETE NAME:

DATE OF BIRTH:

In which program do you wish to participate:

PARENT INFO:

PARENT’S NAME:

PARENT’S NAME:

ADDRESS:

ADDRESS:

CITY/STATE/ZIP: _____

CITY/STATE/ZIP: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

Occupation: _____

Occupation: _____

How many children in family? _____

Program REGISTRATION should be submitted prior to scholarship application.

The scholarship review committee comprised of select staff and board members reviews all applications in a timely manner. TWST Scholarships are awarded on a financial need basis. Award determinations are initially made based on fiscal need, family support and income, and lastly on consideration of special circumstances. The athletes character, goals, and community involvement. Priority are given to 1)Taos County residents 2) New Mexico residents 3)out-of-state residents.

As a scholarship recipient, it is important you recognize the opportunities this support provides for you. We encourage scholarship recipients to engage with TWST in public fund raising and by participating in various events that are designed to help raise money for the program.

Sincerely, TSA Board of Directors

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THE FOLLOWING MUST ACCOMPANY YOUR COMPLETED APPLICATION.

- **Parent essay-** a short (one page or less) essay explaining why we should consider your athlete for a scholarship.
- **Athlete essay-** this essay must be no longer than 2 pages, double-spaced and must address the following:
 - a) Why should TWST provide a scholarship
 - b) How the athlete demonstrates leadership and commitment to the community.
 - c) Goals for the season and how the athlete plans to achieve those goals.
 - d) Anything else that will help the selection committee understand the applicant and the applicants needs.
- **One letter of recommendation from a someone who has worked closely with the athlete, perhaps a teacher or a coach.**
- **A notarized copy of this application, including the following declaration of provider income levels.**

under \$25,000

\$25,000--\$49,999

\$50,000--\$74,999

\$75,000 and up

Notary seal:

Notary Signature: _____ Date: _____

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Parent Signature: _____ Date: _____

Please print and mail to :

Taos Sports Associates
Attention: Scholarships
PO Box 3011
Taos, NM 87571

Please keep a copy for your records.