

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”

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. By submitting a signed application, you agree to all terms, conditions and requirements of the JHS program.

Program *registration* will be submitted prior to scholarship application.

The James Herrera Scholarships are awarded to applicants based primarily on **financial need**.

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 three of TWST events (fund raising, local race events, etc.) These opportunities will be identified below (Attachment A).

Note: This requirement has been waived for the 2020-21 season. Failure to do so will result in disqualification for future JHS consideration.

The JHS review committee is comprised of TWST staff and board members. All applications are reviewed in a timely manner.

If a partial scholarship is awarded, the balance must be paid in full *before* the athlete will be allowed to participate in the program.

Again, thank you for your interest,

Kristi Vine, Executive Director and

TWST Scholarship Committee

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THE FOLLOWING IS REQUIRED IN ADDITION TO YOUR COMPLETED APPLICATION.

- 1) **Parent essay.** A short (one page or less) essay explaining why we should consider your athlete for a scholarship.
- 2) **Athlete personal essay.** This essay must be no longer than 2 pages, double-spaced and must address the following:
 - a) Why should TWST provide a scholarship to you. Why is it important to you to ski this season?
 - b) How you demonstrate leadership and commitment to the community.
 - c) Your goals for the season and how you plan to achieve those goals.
- 3) Anything else that will help the selection committee get to know you better.
- 4) **One letter of recommendation from someone who has worked closely with the athlete, perhaps a teacher or a coach. (Not a family member.)**

Print and mail *or* scan and email to:

Taos Sports Associates
James Herrera Scholarships
PO Box 3011
Taos, NM 87571

director@taoswintersportsteam.com

Keep a copy for your records.

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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: _____ Date of Birth: _____

In which program do you wish to participate (please check box):

Alpine Big Mountain Slope Style Devo Snowboard

Parents/Legal Guardians Information:

Parent Name 1: _____ Parent Name 2: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ State: _____

Zip: _____ Zip: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Occupation: _____ Occupation: _____

How many children in family? _____

With whom does the applicant live? _____

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

I 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 public fund raisers and competitions to support the team.

Parent/ Guardian 1 initials: _____ Parent/ Guardian 2 initials: _____

C) I/ we understand the if the applicant is awarded a partial scholarship, full payment of 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 participation.

Parent/ Guardian 1 initials: _____ Parent/ Guardian 2 initials: _____

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Please submit a notarized copy of this application, including the following declaration of provider income levels.

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: _____ Date: _____

(SEAL)

NOTARY PUBLIC
My Commission Expires:

Parent/Legal Guardian Signature 2: _____ Date: _____

(SEAL)

NOTARY PUBLIC
My Commission Expires: