

Pajarito Mtn Financial Assistance Form

All Information is kept confidential.



New Application Renewal

Name: _____

Employer or school name _____

Home Address (include city and zip): _____

Telephone: Day: _____ Evening: _____ Email: _____

Status: Single Married Divorced Widowed

Household size: Adults: _____ Children 18 & under living at home: _____

Household Members Names	Employer/School name	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your application will be processed as soon as Pajarito Mtn receives documentation of income.
Please include most recent federal tax return and if applicable, current month's pay stubs for all household members.

Monthly Income:	\$
Spouse's Salary	\$
Child Support and/or Alimony:	\$
State/Fed Aid (Foster Care, Disability, Unemployment, Social Security, etc.)	\$
Other Income	\$
Total Monthly Income	\$

Program(s) applying for: _____

Please explain why you would like to be considered for assistance. Include any special circumstance.

I certify that the above information is true and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Please Fax to 505-661-6379, scan and email to: businessmanager@skipajarito.com

Or mail to: Los Alamos Ski Club, PO Box 1436, Los Alamos, NM 87544, Attn: Clay Peres