

FINANCIAL AID APPLICATION
Please be sure to complete all blank spaces

Who May Apply: Financial aid applications are limited to children ages seven through eighteen years of age who would like to participate in a Greenwich Bay Sailing Association program, but who cannot afford the cost. Three full-time scholarships are awarded each sailing season.

Deadline: Applications should be submitted as soon as possible.

All applications are treated in the strictest confidence.

Name (individual for whom scholarship is sought) _____

(H) Phone _____ DOB _____
 Address _____ email _____

Please state specific reason why financial assistance is needed (use the back of the page if needed)

Father's Name _____ Occupation _____

Home number _____ email _____

Employer _____

(W) _____

Salary per Week \$ _____

Years of Employment _____

Mother's Name _____ Occupation _____

Employer _____

(W) Phone _____

Salary per Week \$ _____

Years of Employment _____

Marital Status _____ Number of Dependent Children in Family _____

Who Supports the Children?

Do you receive any financial aid or support from other sources?

If so, how much per month?

I certify that all information and statements made by me on this application are true to the best of my knowledge.

Name (of person completing application) _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Interviewed By _____ Approved _____ Denied _____ Greenwich
 Bay Sailing Association, P.O. 267, East Greenwich, RI 02818

Revised March 2009

