

YEAR: _____

SOUTHPORT JUNIOR YACHT CLUB SAILING FOUNDATION

APPLICATION FOR SAILING PROGRAM SCHOLARSHIP

1st Child's Name _____ Date of Birth _____

2nd Child's Name _____ Date of Birth _____

3rd Child's Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Is your household annual income under \$50,000: Yes No

How many weeks would you like your child to participate in the Sailing Program? _____

Dates: _____

Subject to availability of scholarship funds our normal policy is to provide a 50% scholarship to students from households with annual incomes less than \$50,000.

In some situations we might provide more than a 50% scholarship or we might provide some scholarship money to a student coming from a household with an annual income greater than \$50,000. Are there any special financial circumstances we should consider that might cause us to provide a scholarship different from our normal policy? Yes ___ No ___
(If YES, please explain on the reverse of this form.)

Signature of Parent _____ Date _____
or Legal Guardian _____

Please return the completed scholarship application along with other sailing program registration forms to:

William Jacobs
36 Fairmont Avenue
Hastings-on-Hudson, NY 10706-3106

The Scholarship Committee will review all applications and applicants will be notified of the committee's decision.

All information provided on this application will be held in strict confidence.