Student Name *
Drive and Constitute Name of
Primary Guardian Name *
Primary Guardian Email *
Primary Guardian Phone
Street Address *
City *
Zip Code *
Cabalayahin Tima (Daytial ay Full)
Scholarship Type (Partial or Full)
Annual Household Income *
Is your family on government assistance?
Yes
No
Do you agree to have your child write a thank you letter to our scholarship providers upon
completing Sailing Camp?

Has your child ever received an Alameda Community Sailing Center scholarship? (Your answer to

this question is only used for reporting purposes.)
○Yes
○No
Please describe your reasons for applying for this scholarship: *
Why would you like your child to attend a camp or course with ACSC? *
By signing your name on the following line, you certify that all statements made above are true, correct, and complete.
Signature

Please note that all scholarship recipients must register through SailAlameda.org.

For which program are you applying? (Note that each separate program registration requires a separate scholarship application. Please feel free to submit multiple applications.) $\star$
OSpring Break Camp
○Siebel Spring Break Camp
OAfter School Sailing Club
OSiebel After School Sailing Club
ODiscover Sailing Camp
OSeasoned Sailing Camp
OZippy Sailing Camp
OSTEM Sailing Camp
OTeen Sailing Camp
OSiebel Sailing Camp
O Unsure
Date
mm/dd/yyyy

bmit Applicati

