



## Scholarship Application Form

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Full Scholarship:** Families on government assistance or with an annual household income of less than \$50,000 qualify for a Full Scholarship. These scholarships cover the full cost of the sailing camp aside from a \$25 non-refundable deposit.

**Partial Scholarship:** Families with a combined household income of less than \$80,000 qualify for a Partial Scholarship. These scholarships cover half the cost of the sailing camp.

**Special Circumstances:** Families that do not qualify under income guidelines but have special circumstances and are in need of a scholarship are encouraged to contact us.

Scholarship Request:    Full    Partial    Desired Class/Session: \_\_\_\_\_

Government assistance?    Yes    No    Type: \_\_\_\_\_

Annual Household Income:    \$ \_\_\_\_\_    Special Circumstance?    Yes    No

Do you agree to ensure your child provides a thank you note and a paragraph describing their experience at the sailing camp?    Yes    No

Statement of need: \_\_\_\_\_

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How do you believe sailing will benefit your child? \_\_\_\_\_

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Please copy these questions in to an email and send with responses to:

[Info@SailAlameda.org](mailto:Info@SailAlameda.org)

Or mail completed form to:

**ALAMEDA COMMUNITY SAILING CENTER**

2532 Santa Clara Avenue #150

Alameda, CA 94501

[www.SailAlameda.org](http://www.SailAlameda.org)