

Student Name *

Primary Guardian Name *

Primary Guardian Email *

Primary Guardian Phone

Street Address *

City *

Zip Code *

Scholarship Type (Partial or Full)

Annual Household Income *

Is your family on government assistance?

Yes

No

If so, which program?

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 do you want your child to attend camp with ACSC? *

By signing your name on the following line, you certify that all statements made above are true, correct, and complete.

Signature

Date

mm/dd/yyyy