



# Financial Aid Application

**Who may apply:** Financial aid may be available to children who want to participate in a USSCMC sailing program, but cannot afford the entire cost.

**Deadline:** Availability is on a first-come, first-serve basis. Applications should be submitted as soon as possible. Please attach a short essay, written by the child, entitled "Why I want to participate in USSCMC Junior Sailing".

**• All applications are treated in the strictest confidence •**

Name: \_\_\_\_\_  
*(individual for whom financial aid is sought)*

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Salary Per Week: \$** \_\_\_\_\_ **Years of Employment:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Salary Per Week: \$** \_\_\_\_\_ **Years of Employment:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Number of Dependent Children in Family:** \_\_\_\_\_

Who supports the children? \_\_\_\_\_

Do you receive financial aid or support from other sources?  Yes  No

If so, how much per month? \$ \_\_\_\_\_

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

Printed Name: \_\_\_\_\_  
*(person completing application)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(person completing application)*

**US Sailing Center of Martin County - Financial Aid Addendum**  
**THIS FORM IS OPTIONAL**

Date of Application \_\_\_\_\_

Sailor/ Camper's Name \_\_\_\_\_

Name of Parent/ Guardian/ Relative Completing This Addendum: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

If the parent/ guardian or relative has any goods or services that would benefit the US Sailing Center that they would like to exchange for some financial assistance, please specify below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_