



Date Received \_\_\_\_\_ Status \_\_\_\_\_

## 2021 Siebel Scholarship Application

*The US SAILING Center of Martin County is committed to the principle of equal opportunity in access to sailboats through memberships, sailing education and sailing camps.*

### **USSCMC MISSION STATEMENT**

***The US Sailing Center - Martin County is committed to broadening the base of the sport of sailing through dedicated, affordable, community sailing programs for youth and adults, and providing support for the development of future champions and Olympic racers.***

### **SIEBEL SAILORS PROGRAM OBJECTIVE**

*In April 2019, US Sailing announced a new nationwide community sailing program made possible by a major donation from the Thomas and Stacey Siebel Foundation. The purpose of this ground-breaking program is to increase diversity and opportunity in the sport of sailing by providing resources and support to youth sailors at public access sailing centers across the country.*

**WHO MAY APPLY:** A limited number of needs based scholarships are available to Middle School aged youth who desire to participate in the Siebel Sailors Program. Scholarships are awarded based upon written request and/or a personal interview. Applications will be reviewed promptly upon submittal to the US Sailing Center Martin County.

### **CANDIDATE'S COMMITMENT AND PERSONAL TRAITS:**

Applicants must make a compelling statement of their desire and willingness to fully commit to this program. Commitment must be in the form of:

1. Regular, on-time attendance
2. Loving the water and not being afraid of swimming in the Indian River Lagoon
3. Daily bringing an attitude of cooperation and a desire to succeed
4. Being in control of one's fears, frustrations, and challenges. Or desiring to grow such personal skills.
5. Being a self-achiever as well as a team player
6. The application shall include a statement of support from a parent or guardian who is willing to support the student's goal to fully participate in the program. This obligation includes securing transportation, willingness to adapt family scheduling, and providing emotional support and encouragement for the child enrolled in the program.

### **HOW TO APPLY:**

Both the student and the supporting Parent/ Guardian shall participate in the application process. Personal interview may be used as a substitute for written applications; however, written applications help strengthen the application.

1. The student shall provide a "Letter of Explanation of the Students Desire to Learn to Sail". The letter shall be written by the student applicant and should be signed and dated.
2. The parent/guardian shall provide a "Letter of Support for the child to participate in sailing". The letter should include why you believe your child will succeed in this program and how you intend to support your child fully with reliable on-time transportation.
3. A copy of an "Awards Letter" from the County or State proving government aid is currently provided for the child in the form of Social Security, Food Stamps, School Lunch program, etc. This is not required but may improve the chances of receiving the assistance.



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# Siebel Sailors Program Scholarship Application

*Scholarship applications and support letters are treated in the strictest confidence*

Name of Sailor: \_\_\_\_\_ Name of School: \_\_\_\_\_

Sailor's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Primary Wage Earner:** \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Salary per Week: \$ \_\_\_\_\_

Number of Dependent Children in Family: \_\_\_\_\_

**Secondary Wage Earner:** \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Salary per Week: \$ \_\_\_\_\_

Number of Dependent Children in Family: \_\_\_\_\_

Who financially supports the child(ren)? \_\_\_\_\_

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

If yes, from what source(s) \_\_\_\_\_ If so, how much per month? \_\_\_\_\_

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

\_\_\_\_\_  
(PRINTED NAME of person completing application)

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

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

(Signature of Person completing application)

Applications may be submitted electronically to [office@usscmc.org](mailto:office@usscmc.org) or mailed to the USSCMC office located at 1955 NE Indian River Drive, Jensen Beach, Florida 34957.