



Application for Financial Assistance (to be filled out by the student applicant)

Name: _____

Gender: _____ Age: _____ Birthdate: _____

Address: _____

Phone Number: _____ E-Mail: _____

School: _____ Grade: _____

Parent's Names: _____

Financial assistance may be 50% or 75% of standard program fees. Applicant will be responsible for balance of program fee and is payable directly to PBSC with standard program registration information.

Which program are you applying for?

Summer Camp Week Race Team (Fall/Spring) Other _____

Complete information regarding Youth Sailing programs may be found online at www.pbsail.org or by calling the PBSC office at 561-881-0809.

How did you hear about the Youth Sailing Foundation of the Palm Beaches?

Please include the following with your application:

- A personal letter from you giving your reasons for requesting a scholarship. Please include information about your sailing experience (if any), school activities, hobbies, family, future goals, and why you feel you would benefit from this program or programs
- A letter from your parent or guardian and accompanying form F-1 which verifies financial need
- A letter of recommendation from your school principal, counselor, or teacher on letterhead stationery, stating that you are in good standing at your school and would be a good candidate for a scholarship

Deliver this information to:
Youth Sailing Foundation of the Palm Beaches
4600 N Flagler Drive
West Palm Beach, FL 33407



YOUTH SAILING FOUNDATION OF THE PALM BEACHES

Financial Assistance Verification

Student's Name: _____

Father's Name: _____

Mother's Name: _____

Address: _____

Phone: _____ E-Mail: _____

Household Financial Information

1. What was your household income for 2017? \$ _____

(Adjusted gross income is on IRS form 1040—line 37; 1040A—line 21; or 1040EZ—line 4.)

2. Enter the number of family members in 2017.

Include in your family's household: (1) parents and all children (including student applying for scholarship); (2) other people only if they live with your parents, if your parents provide more than half of their support.

I attest that the above information is true and accurate to the best of my knowledge.

_____ Date _____

Signature of Head of Household

Please explain briefly:

1. Why do you want your child in this program? _____

2. Why are you asking for financial support? _____
