



# YOUTH SAILING FOUNDATION OF THE PALM BEACHES

## 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 up to 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 Jr. Sailing programs and fees may be found online at [www.pbsail.org](http://www.pbsail.org) or by calling the 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 form and the Financial Assistance Verification to:  
[president@ysfpb.org](mailto:president@ysfpb.org)



# 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 last year? \$ \_\_\_\_\_  
(Adjusted gross income is on IRS form 1040—line 37; 1040A—line 21; or 1040EZ—line 4.)

2. Enter the number of family members last year.

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.

3. Do you receive the free school lunch program?  Yes  No

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

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

Please explain briefly

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

\_\_\_\_\_

\_\_\_\_\_

2. Why are you asking for financial support? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_