



YOUTH SAILING FOUNDATION OF THE PALM BEACHES

Financial Assistance Application (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.

Program you are applying for: _____

(Complete information regarding Jr. Sailing programs and fees may be found online at 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:
foundation@ysfpb.org



YOUTH SAILING FOUNDATION OF THE PALM BEACHES

Financial Need Verification

Student's Name _____

Father's Name _____

Mother's Name _____

Address _____

Phone _____ E-Mail _____

1. What was your household income for last year? \$ _____
(Adjusted gross income is on IRS form 1040—line 11)

2. Has there been a substantial change in your financial situation not reflected in your income from last year? _____

3. 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, and if your parents provide more than half of their support.

4. 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? _____
