



FINANCIAL NEED BASED SCHOLARSHIP APPLICATION

The Seneca Sailing Academy provides scholarships to participants who demonstrate financial need and could not attend the sailing academy without financial assistance.

Student Name: _____

Student Address: _____

City _____ State _____ Zip _____

Parent/Guardian Names:

(1) _____

(2) _____

What session are you applying for?	Youth Sailing 1	_____	(7-10 year olds)
	Youth Sailing 2-3	_____	(10 – 15 year olds)
	Youth Racing	_____	(10 – 15 year olds)

Dates _____

It is important that you provide information documenting your financial need. Please attach the following to this application:

1. A statement of sincere interest in sailing from the student who is applying.
2. A personal statement from the parent or guardian, **or** from a non-family adult (describe relationship to the family), stating financial need and related circumstances. Describe any additional information that might affect the decision of the Seneca Sailing Academy to grant financial scholarship aid. Such information might include unusual family circumstances related to financial resources (such as educational or medical expenses).

Child Responsibilities: The recipient of the scholarship agrees to follow all the rules and expectations of the Seneca Sailing Academy and demonstrate respect for the Program Director and other participants.

Parent Responsibilities: The parent agrees to provide transportation to and from the camp in a timely manner, daily lunch, and proper clothing as required by the program.



I am requesting financial assistance for my child. I certify that all the information that I have given is true and that any falsification will lead to dismissal of the student and cancellation of the scholarship.

Signed: _____ Date: _____

E-mail this 2 page form with related information to: SenecaSailingAcademy@gmail.com

OR Mail this 2 page form with related information to: Seneca Sailing Academy
Scholarship Committee
PO Box 48
Geneva, NY 14456

Notification of scholarship awards will be made promptly to all applicants



MERIT BASED SCHOLARSHIP APPLICATION

The Seneca Sailing Academy provides scholarships to those participants who have demonstrated a commitment to sailing, respect for the Seneca Sailing Academy/Seneca Yacht Club, and good citizenship towards others while involved in the program.

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Names:

1. _____

2. _____

What session are you applying for?	Youth Sailing 1	_____	(7-10 year olds)
	Youth Sailing 2-3	_____	(10 – 15 year olds)
	Youth Racing	_____	(10 – 15 year olds)

Dates: _____

The applicant must submit the following with this application:

1. A list of previous sessions attended and/or describe prior sailing experience.
2. A statement (written or typed) answering:
 - Why is sailing important to you?
 - What do you believe you can contribute to the Seneca Sailing Academy program?
 - What are your future ambitions and/or goals related to sailing?
3. A recommendation from the Program Director (or other adult: see below) describing the student's character, level of commitment to sailing, and their ability to learn and improve their sailing skills.

(Note: The student may submit a letter of recommendation from a previous Program Director, coach, or other non-family member who can attest to their sailing skills, character, and experience.)



The applicant agrees to abide by all the rules of the Seneca Sailing Academy and show respect for the Program Director and all other participants.

The applicant certifies that all the information provided is truthful and any falsification can lead to expulsion and cancellation of the scholarship.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

E-mail Application to: SenecaSailingAcademy@gmail.com

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Scholarship Committee
PO Box 48
Geneva, NY 14456

Notification of scholarship awards will be made to all applicants promptly