



Palm Beach Sailing 4 Kids, Inc.

Scholarship Application **(to be filled out by the student applicant)**

Name: _____

Sex: _____ Age: _____ Birthdate: _____

Address: _____

Phone Number: _____ E-Mail: _____

School: _____ Grade: _____

Parent's Names: _____

Are you applying for full or partial scholarship? _____

Which program are you 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.

Are you applying for more than one program? _____, If so, which programs?

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:
Sailing 4 Kids, Inc. Scholarship Committee
c/o Palm Beach Sailing Club
4600 N Flagler Drive
West Palm Beach, FL 33407

Please feel free to call the committee chairman with any questions you may have:
Joseph Fields 561-832-5655 or jrfpa@aol.com

Financial Need Verification

Student's Name _____

Father's Name _____

Mother's Name _____

Address _____

Phone _____ E-Mail _____

Household Financial Information

1. What was your household income for 2010? \$ _____
(Adjusted gross income is on IRS form 1040—line 37; 1040A—line 21; or 1040EZ—line 4.)

2. Enter your family's number of family members in 2010-2011.

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.

Signature of Head of Household Date _____

Please explain briefly

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

2. Has your household income changed this year? If so, please explain _____

3. Why are you asking for financial support? _____

A tax deductible 501 (c)(3) community organization

(Form F-1)