



SAUSALITO YOUTH SAILING FOUNDATION
Financial Aid Application

APPLYING FOR (please check all that apply):

Summer Sailing Instruction Tuition:

- SYC Member (\$ 750)
- Non-member (\$ 850)

Session Date: _____

High School Sailing Tuition:

- Varsity (\$ 850) Fall
- Jr. Varsity (\$ 550) Spring
- Travel & Regatta Fees

Other:

Please specify: _____

Amount of Financial Aid Requested? \$ _____

Amount you can you afford to pay? \$ _____

APPLICANT:

CHILD #1:

Child's Name Age Date of Birth

Prior Program (Example: Summer Camp)

CHILD #2:

Child's Name Age Date of Birth

Prior Program (Example: Summer Camp)

PARENT / GUARDIAN #1:

_____ Parent/Guardian Name		_____ Relationship to Child	
_____ Address			
_____ City, State, Zip		_____ Email	
_____ Home Phone	_____ Work Phone	_____ Mobile Phone	
_____ Occupation		_____ Employer	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, Hrs/Wk _____	Salary: \$ _____	

PARENT / GUARDIAN #2:

_____ Parent/Guardian Name		_____ Relationship to Child	
_____ Address			
_____ City, State, Zip		_____ Email	
_____ Home Phone	_____ Work Phone	_____ Mobile Phone	
_____ Occupation		_____ Employer	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, Hrs/Wk _____	Salary: \$ _____	

HOUSEHOLD:

Name, age and relationship of other children or non-parental adults living in your household.

1. _____
Name Age Relationship School (If applicable)
2. _____
Name Age Relationship School (If applicable)
3. _____
Name Age Relationship School (If applicable)

If parents do not live together, children live with:

Parent #1 Parent #2 Other: _____
Please Specify



VEHICLE(s):

(Please list all family vehicles including cars, vans, trucks, motorcycles and recreational vehicles.)

1. _____
Make Model Year

_____ \$ _____ \$ _____
Year Purchased/Leased Purchase Price Monthly Payment

2. _____
Make Model Year

_____ \$ _____ \$ _____
Year Purchased/Leased Purchase Price Monthly Payment

End of Financial Information



OTHER INFORMATION

1. Has your family previously applied for or received financial assistance from the SYSF?
 Yes No If yes, for which family members, programs and which years(s)?

Name	Program	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Please explain why you are applying for financial assistance:

3. Please list any other financial aid for school, housing, living or other activities:

4. Is there any other information that you would like the SYSF to know in considering your application for financial assistance?

Person completing this section

Date



CERTIFICATION

I/we declare that the information reported on this application is true, correct and complete. We have attached the requested documents listed on the Financial Aid Checklist below.

The Sausalito Youth Sailing Foundation has permission to verify the information reported above.

Signature of Parent / Guardian

Date

Financial Aid Checklist -

In order for this application to be reviewed it must be filled out completely with original signatures and the following items must accompany it:

- Copies of your most recent Federal Income Tax Return (first 2 pages) for **all parents/guardians**. Please blank out Social Security Numbers.

Return completed application and required documentation to:

SYSF
1001 Bridgeway, Suite 906
Sausalito, CA 94965

If you have questions about this form or the application process, please contact Peter Schoen by email at info@sausalitoyouthsailingfoundation.org

