



SAUSALITO YOUTH SAILING FOUNDATION
Financial Aid Application

APPLYING FOR (please check all that apply):

- Spring Sailing Classes
- Summer Sailing Camp
- Fall Sailing Classes
- High School Sailing Team
- SYC Youth Racing Team
- Regatta Fees/Expenses
- Grant-travel or equipment

Full cost of the class you are registering for: \$ _____

Amount of Financial Aid Requested? \$ _____

Amount you can afford to pay? \$ _____

APPLICANT:

CHILD #1:

Child's Name	Age	Date of Birth
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Prior Programs (Example: Summer Camp)

CHILD #2:

Child's Name	Age	Date of Birth
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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

FINANCIAL:



Monthly mortgage/rent payment: \$ _____

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
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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

Or

Email a PDF to the SYC Youth
Sailing Director

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

