



MAIL FORM TO:
Mr. Larry Gadsby
c/o Judy McLennan,
Regatta Chair
231 Indian Ave.
Portsmouth, RI 02871

SCHOLARSHIP AID APPLICATION

Please be sure to complete all blank spaces

Who May Apply: Financial aid may be available to anyone wishing to participate in the C. Thomas Clagett, Jr. Clinic and Regatta or the Blind National Sailing Championships, but who cannot afford the cost. Both full and partial financial awards are made.

Deadline: Availability is on a first-come, first serve basis. Applications should be submitted as soon as possible.

All applications are treated in the strictest confidence.

Name (individual for whom scholarship is sought) _____

DOB _____ (H) Phone _____

Address _____

Please state specific reason why financial assistance is needed (use the back of the page if needed)

Occupation _____ Employer _____

(C) Phone _____ Years of Employment _____

Marital Status _____ Number of Dependent Children in Family _____

I certify that all information and statements made by me on this application are true to the best of my knowledge.

Name (of person completing application) _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Interviewed By _____ Date _____

Request \$ _____ Approved \$ _____ To be Paid by Applicant \$ _____

Denied _____

Applicant Notified on (Date) _____ Via (Phone, email, letter) _____