



60 Fort Adams Dr. Newport, RI 02840  
Phone: 401-846-1983 FAX:401-846-7245

**FINANCIAL AID APPLICATION**

*Please be sure to complete all blank spaces*

**Who May Apply:** Financial aid is available to all children and adults who want to participate in a Sail Newport Sailing Program, 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)

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ (W) Phone \_\_\_\_\_

Salary per Week \$ \_\_\_\_\_ Years of Employment \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ (W) Phone \_\_\_\_\_

Salary per Week \$ \_\_\_\_\_ Years of Employment \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Dependent Children in Family \_\_\_\_\_

Who Supports the Children? \_\_\_\_\_

Do you receive any financial aid or support from other sources? \_\_\_\_\_

If so, how much per month? \_\_\_\_\_

*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 \$ \_\_\_\_\_ Paid by Applicant \$ \_\_\_\_\_

Denied \_\_\_\_\_