



Kitsap Sailing Foundation 43-2096186

Kitsap Sailing Foundation Scholarship Application

Our non-profit foundation wants to make sailing accessible to as many people as possible and we strive to support those that find the costs of the program a burden. Towards this end, this application is provided to help us determine the financial support that is needed and what we can accommodate. We encourage all to apply and indicate the amount of support that is needed in their circumstance.

To apply for a scholarship to participate in the sailing programs, please complete this application, and return by email to board@kitsapsailing.org

Applicant's Name: _____

Name of Parent or Legal Guardian: _____

Applicant's Address: _____

Cell Phone: _____ Home Phone: _____

Background information

1. There are _____ individuals residing in the household.
2. For the previous calendar year the combined total net income from all sources (including wages, welfare, social security, child support, disability, etc.) of all household residents was \$_____.
3. Applicant's Date of Birth: _____

Check all that apply:

- Applicant meets Household Income Eligibility Guidelines taken from Free/Reduced Lunch Guidelines established by one of the school districts in Kitsap County.
- Applicant is currently a foster child living in a foster home in Kitsap County.
- Applicant is currently under the supervision of the Kitsap County Superior Court Juvenile Services Department.
- Applicant is receiving one or more forms of public assistance from the State of Washington Department of Social and Health Services.
- Applicant is residing in Kitsap Consolidated Housing Authority housing.

Please indicate other circumstances which may not be captured in this form which are relevant to the scholarship application. This can be written on the back of this form, written in an email or attached in some way to this submission.

Please indicate the sailor(s) you are requesting support for and the level of support that would allow them to participate:

Name of child: _____ age: _____ Percent support requested (25%-100%) _____

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I, _____, hereby declare under penalty of perjury under the laws of the State of Washington that the information provided in support of this scholarship application is true and correct.

Signature _____

Dated this _____ day of _____, _____, in _____, Washington.

All information provided in support of an application will be kept confidential. Members of Kitsap Sailing Foundation and their families are not eligible.