



Bremerton Yacht Club
2023 Junior Sailing Camps
Fun with Wind and Waves
Scholarship Application

Financial assistance will be awarded to applicants based upon financial need and the available resources of the scholarship fund.

Four consecutive Monday thru Friday Camps for kids ages 8-16 will begin July 31, 2023 at 9:30am.

Apply by June 15, 2023

Scholarships will be selected by an impartial panel of three judges and parent/guardian will be notified by June 30th. Email to bremertonjrsail@gmail.com. All information supplied will be reviewed by a 3 person committee and will only be used for the purpose of selecting scholarships for the BYC junior sailing camps.

Parent or Guardian Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ State _____ Zip _____

Household size:

Family members included in household size will include 1) legally married spouse, or 2) a qualified dependent. A person qualifies as a dependent if all of the following apply:

- Dependent is related to primary member (includes: related through marriage, member of household, legally adopted or long term foster child)
- Dependent is financially supported by primary member (furnishes more than half the dependents support during the calendar year). Support includes child support payments paid by a divorced or separated spouse.

Please list all family members/persons financially dependent on you---INCLUDE YOURSELF

Name _____ Birthdate _____ Scholarship requested Y/N

Name _____ Birthdate _____ Scholarship requested Y/N

Name _____ Birthdate _____ Scholarship requested Y/N

Are you currently employed? Yes No

Is your spouse (if applicable) currently employed? Yes No

Are dependents in your household currently employed? Yes No

Income verification Please attach with application.

- School free or reduced lunch letter (preferred), or a copy of most recent year income tax return form 1040 (2 pages).
- A qualifying income scale, based on USDA income eligibility guidelines, is used to determine scholarship award.
- **Applications without these items will not be considered.**
- **List family member, type of income and gross monthly amount (before taxes) . Include food stamps, retirement, unemployment, SSI, DSHS, TANF,SSA,ADATSA, VA, etc)**

Individual name	Type of income	Gross Monthly amount (pre tax)

		Total \$ _____
		Annual estimated household income\$ _____

Extenuating circumstances:

Please explain any extenuating circumstances the scholarship committee should consider when reviewing your application.

Camp Schedules:

Youths, ages 8-12, Monday thru Friday, 9:30a-4:30p Weeks 1, 3, and 4

Teens, ages 12-16, Monday thru Friday, 9:30a-4:30p, Week 2 only

Please indicate which weeks student is available:

- Week #1: July 31-Aug 4 Week#2: August 7-11 Week#3: August 14-18
 Week #4: August 21-25

I confirm that my child has received passing grades in all classes in his/her current school situation. I also confirm that he/she is in need of financial assistance in order to participate. In addition, I agree that my child is a good candidate for a scholarship to BYC Sailing Camp and will support his/her involvement.

Parent Name: _____

Parent Signature: _____ Date: _____