



Bremerton Yacht Club
2024 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.

Five consecutive Monday thru Friday Camps for kids ages 8-16 will begin July 29,, 2024 at 9:30am.

Apply by June 30, 2024

Scholarships will be selected by an impartial panel of three judges and parent/guardian will be notified by July 15, 2024

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

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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.

- A qualifying income scale, based on USDA income eligibility guidelines, is used to determine scholarship award.
- **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.

Please indicate which weeks student is available:

- Week #1: July 29-August 2
- Week#2: August 5-August 9
- Week#3 August 12- August 16
- Week #4 August 19-August 23
- Week #5: August 26-August 30

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: _____