



# BYCF Boating Education Scholarship Application



*The Buffalo Yacht Club Foundation was created in 2010 to further boating education in the Buffalo, New York area. The BYCF's mission is to make the joy of sailing, boating, and access to the water available to all individuals in the Western New York area. Sailing is a sport that everyone can enjoy, and all individuals should have the opportunity to participate.*

*(Please Complete One Form Per Participant & Please Print Neatly)*

**Applicants Full Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade Attending:** \_\_\_\_\_

**GPA:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Previous Sailing Experience:** \_\_\_\_\_

**Ethnicity:**

- Asian
- Black
- Hispanic/Latino
- Native American
- Pacific Islander
- Native Hawaiian/Other Pacific Islander
- White

**Ability to swim 25 yards and tread water for 30 seconds:**

- Not at All
- Somewhat
- Very Well

**Please circle which Boating Education Program are you interested in participating in?**

Fall High School Sailing      Summer Junior Sailing Program      Spring High School Sailing

**For Summer Junior Sailing please circle which weeks you are interested in.**

Week 1    Week 2    Week 3    Week 4    Week 5    Week 6    Week 7    Week 8

**For High School Sailing which practice days would you prefer? (Only if your school does not already participate).**

Monday/Wednesday/Friday

Tuesday/Thursday/Friday

**Please list all extracurricular activities you participate in.**

---

---

**What made you interested in participating in the BYC's Boating Education Program?**

---

---

**Gross Annual Family Household Income (Before Taxes):**

- Below \$26,500
- \$26,500 - \$50,000
- Over \$50,000

**Total Number of Individuals in Household: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_**

**How much can you afford to pay for each child per session? \$ \_\_\_\_\_**

**To qualify:**

**Must be receiving assistance from one of the following programs:**

- Free or Reduced Lunch
- Temporary Assistance for Needy Families
- Aid for Dependent Children
- Foster Care
- Medicaid

**Must agree to attend a minimum of 90% of all practices, regattas, and/or days of the program.**

**I have read the attached scholarship and I attest that the above information is true and correct to the best of my knowledge. If any information changes after this form is submitted, I will contact the BYCF to amend any materials. I also understand that I may be asked to provide supporting financial documents.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The information you provide us will be kept strictly confidential. The Scholarship Committee will review all applications and applicants will be notified of the committee's decision.**