

# SAIL TO PREVAIL

## The National Disabled Sailing Program

### Financial Aid/Scholarship Request Form

Adaptive Sailing

Sail To Prevail financial aid/scholarships are based primarily on demonstrated financial need and given on a first-come, first-served basis. Our scholarship funding is limited; please understand this process is necessary to ensure a fair distribution of awards. Completing this application does *not* guarantee that a scholarship will be awarded to you.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

SS# \_\_\_\_\_

Amount requested for assistance: \$ \_\_\_\_\_

#### Your current financial condition:

*(If you do not support yourself, please answer the following questions about the person(s) who do support you, i.e., parents, guardians, etc.)*

Cash on hand: Cash \$ \_\_\_\_\_ Checking \$ \_\_\_\_\_ Savings\* \$ \_\_\_\_\_

*\*Savings includes trust funds, stocks, bonds and investments.*

#### Estimated Income Annually:

Employment / Wages	\$ _____
Support from Family/friends	\$ _____
Private Insurance Payments	\$ _____
Social Security Insurance	\$ _____
Medicaid Insurance	\$ _____
Disability Benefits (SSI, SSDI, Veteran)	\$ _____
Other: settlements, awards, etc.	\$ _____
TOTAL expected income:	\$ _____

#### Estimated Monthly Expenses:

Medical Bills	\$ _____
Housing costs	\$ _____
Loan payments <i>(specify type of loan)</i>	\$ _____
_____	
Other <i>(please specify, and use additional paper if necessary)</i>	\$ _____
_____	
TOTAL Monthly Expenses:	\$ _____

If you are not working, please indicate how you secure your finances and provide any documentation you have to support this. \_\_\_\_\_

Estimated worth of Assets \$ \_\_\_\_\_ *(home, vehicles, etc. Please list items.)* \_\_\_\_\_

By my signature, I attest that the information provided is, to the best of my knowledge, true and accurate.

Signed \_\_\_\_\_ Date \_\_\_\_\_

On a SEPARATE SHEET OF PAPER, please explain your need and circumstances.

## Sail To Prevail, Inc. Financial Aid/Scholarship Waiver

As a 501(c)(3) non-profit charitable organization, Sail To Prevail, Inc. must report to a Board of Directors that holds this organization and its staff directly responsible for its continuation and improvement.

In efforts to continually improve and expand our programs, we must continually evaluate and study our programs.

As part of giving back to Sail To Prevail, Inc., we ask all of our participants to fill out evaluations at the end of the programs and sometimes participate in studies.

As a scholarship recipient, it is a requirement to fulfill this obligation.

As a recipient of a scholarship award, I, the undersigned agree to fully participate and cooperate with Sail To Prevail, Inc. in all evaluations and studies pertaining to my participation in the Sail To Prevail, Inc. programs.

Print or Type Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

As a participant in the Sail To Prevail, Inc. programs, I understand there are certain policies and rules that I must follow. I understand and agree that should I violate these policies and rules and be asked to leave the Sail To Prevail program, I will lose my scholarship and be responsible for paying any services rendered by Sail To Prevail.

Print or Type Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_