

Sailing Scholarship Application Overview



The US SAILING Center of Martin County is committed to the principle of equal opportunity in access to sailboats through memberships, sailing education, sailing camps and employment. The USSCMC does not discriminate against individuals on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, ancestry, or national or ethnic origin in the administration of its educational policies, admissions policies, employment policies, and scholarships or financial aid.

USSCMC MISSION STATEMENT

The US Sailing Center of Martin County is committed to broadening the base of the sport of sailing through dedicated, affordable, community sailing programs for youth and adults, and providing support for the development of future champions and Olympic racers.

WHO MAY APPLY: A limited number of financial aid/scholarships are available to individuals who want to participate in sailing activities or receive sailing instruction and the registration fees are cost prohibitive. Any scholarships towards Summer Sailing Camp should not be viewed as a “day care” solution, but rather as an opportunity to learn the great sport of sailing through an affordable channel. Financial Aid/Scholarships are awarded by request, on a case by case basis, and must be within the ability of the USSCMC to accommodate the request.

HOW TO APPLY:

1. Scholarships are made available to all ages to financially help individuals or small groups. The scholarships are to be used towards the cost of tuition to attend Summer Sailing Camp and Community Sailing Activities.
 - a. Summer Camp includes assistance at any of the one-week programs offered each year.
 - b. Community Sailing Activities include:
 - i. Memberships
 - ii. Lessons
 - iii. High School Teams
 - iv. iv. Outreach Programs (Examples include *ARC (Advocates for Rights of the Challenged)*, *The Samaritan Center Boys*, *Scouting organizations* and *Operation 300*.)
2. Scholarships generally only cover a portion of the tuition or registration fee. The USSCMC likes to see the applicant or the applicant’s family participate by paying some portion of the tuition.
3. The applicant (if adult), or guardian (if minor) or financial representative (if group) shall submit a Sailing Scholarship application along with a letter of explanation regarding financial need.
4. A “Letter of Explanation of the Students Desire to “Learn to Sail” or “Participate in Sailing Programs” shall be written by the student applicant and should be signed and dated. The letter should be age appropriate.
5. A copy of an “Awards Letter” from the County or State proving government aid is currently provided for the child in the form of Social Security, Food Stamps, School Lunch program, etc. (This is not required to receive a 50% scholarship, but may improve the chances of receiving the assistance. Applications not including this documentation will not be eligible for the Full-ride.)
6. A Sailing Scholarship application is valid for one calendar year.



Sailing Scholarship Application

Scholarship applications and support letters are treated in the strictest confidence

Please check what program you are requesting financial assistance:

- Summer Sailing Camp
- High School Sailing
- Sailing Lessons
- Membership

Name: _____
(Individual for whom financial aid is sought)

DOB: ___ / ___ / ___ Age: _____ Home Phone: _____

Address: _____ City, State, Zip _____

email: _____ cell Phone: _____

***** Please specify the reasons for financial assistance need on the back of the application and attach a copy of free or reduced school lunch award letter. *****

Primary Wage Earner: _____	Occupation: _____
Relationship to Applicant: _____	Employer: _____
Work Phone: _____	Salary per Week: \$ _____
Years of Employment: _____	Marital Status: _____
Number of Dependent Children in Family: _____	

Secondary Wage Earner: _____	Occupation: _____
Relationship to Applicant: _____	Employer: _____
Work Phone: _____	Salary per Week: \$ _____
Years of Employment: _____	Marital Status: _____
Number of Dependent Children in Family: _____	

Who financially supports the child(ren)? _____

Do you receive financial aid or government support from any other sources? Yes No

If yes, from what source(s) _____ If so, how much per month? _____

I certify that all the information and statements made by me on this application are true to the best of my knowledge.

(PRINTED NAME of person completing application)

Signature: _____ Date: _____
(Signature of Person completing application)

Applications may be submitted electronically to office@usscmc.org or mailed to the USSCMC office located at 1955 NE Indian River drive, Jensen Beach, Florida 34957.