

**OKOBOJI YACHT CLUB SAILING SCHOOL, INC**

**P.O. Box 544, Milford, IA 51351 Office: 712-337-0121 Cell: 515.229.7076**

**GRANT / SCHOLARSHIP APPLICATION**

Our mission is to create broader community access to sailing the waters of the Iowa Great Lakes Area. To help reach that goal, we provide need-based scholarships for our classes as allowed by grants offered by region institutions and donations from generous contributors when available.

Please complete all sections of this application and return to OkobojiSailingCenter@gmail.com. Information provided is confidential. Upon receipt, we will review your application and notify all applicants if their scholarships are approved, how much assistance will be granted, and how to register for classes. Awarded funds cover class tuition and/or lease equipment for our selected programs.

**CONTACT INFORMATION**

Parent/Guardian Name: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT AND FAMILY**

Name of students applying for scholarship

Name: Age/Grade:\_\_\_\_\_\_\_\_\_\_\_

Name: Age/Grade:\_\_\_\_\_\_\_\_\_\_\_

Name: Age/Grade:\_\_\_\_\_\_\_\_\_\_\_

Total number of Individuals in the household: \_\_\_\_\_\_\_\_

Total household income for last year: \_\_\_\_\_\_\_\_

Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other sources of income and amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What amount can you afford to pay towards the tuition of students for each session? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL INFORMATION Please provide any information regarding your need for financial assistance that will help us determine scholarship status:

**CLASSES REQUESTED**

Please check program you are interested in and indicate the session number and date.

\_\_ TINY PUFFS

\_\_ LITTLE PUFFS

\_\_ BEGINNERS

\_\_ ADVENTURE SAILING

\_\_ INTERMEDIATE - Advanced

­­­\_\_ BIC/LASER – Advanced

\_\_ OPTI RACING – Advanced

\_\_ ART WORKSHOPS

\_\_ CREW U

**SIGNATURE**

By signing my name below, I certify that all information provided on this application is complete, true, and accurate. Also, I understand that there is no guarantee of funding and that the Okoboji Yacht Club Sailing School, Inc. will make their best efforts to obtain support.

Parent/Guardian Signature: Date:

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The Okoboji Yacht Club Sailing School admits students of race, color, national origin to all the rights, privileges, programs, and activities generally accorded to make available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration or its educational policies, scholarship and loan programs; and athletic and other school administered programs.

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