



Financial Aid & Scholarship Form

Reviewed on a rolling basis

CISF's mission is to inspire and engage people of all ages, backgrounds, and abilities with the marine environment. Providing access and removing financial barriers when needed is a critical part of this mission.

Financial aid and scholarships are available based upon need and available funding. All information provided is confidential.

Complete one form for each child requesting financial aid. All information must be completed in full.

Parent/Guardian's Name: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Preferred Method of Contact _____

Child's Information

Name _____ Gender: _____

Birthdate: ____/____/____ Age: _____

School child attends: _____

Current Grade or Grade Entering in the Fall _____

Family Income:

Total # of people in family: Adults ____ Children ____

Single-income family _____ Single-parent, sole source provider _____

Taxable Yearly Income for Family: \$ _____

Does your family qualify for (check all that apply):

1. Free or reduced lunch _____
2. SNAP (Supplemental Nutrition Assistance Program) _____
3. Low-Income Home Energy Assistance _____
4. State Medicaid Program _____

Financial Aid Request:

Below please check the total amount you are able to pay, then indicate what program and the program dates or session(s) for which you are applying. Indicate the total amount requested as well at the bottom.

Amount able to pay (check one):

_____ \$0 (seeking full scholarship only)

_____ \$50

_____ \$100

_____ \$150

_____ \$200

_____ Other (how much can be reasonably contributed?)

Name of Program request is for: _____

Number of sessions request is for: _____

Total Amount Requested: _____

**Please use the space below to provide details explaining your need for financial assistance (any special circumstances).
(Attach additional pages as necessary):**

Attestation:

To the best of my knowledge, the information provided above is accurate and truthful.
(Online application – type in your name as your signature.)

Signature of Parent/Guardian_____

Date: _____

Please mail or email applications to:
CISF
PO Box 675
Jamestown, RI 02835

If you have any questions, please email cisfsailing@gmail.com.
www.JamestownSailing.org