

FOR OFFICE USE ONLY

Date Received: _____

Staff Approval: _____

Date Approved: _____

Scholarship %: _____

Dollar Amount: _____

Scholarship Application

Dear Scholarship Applicant,

Sammamish Rowing Association strives to make our programs available to all interested people, regardless of income. We provide scholarship to those who might not otherwise be able to participate. Scholarship will be awarded on a percentage discount, depending on individual circumstances. To be eligible for a scholarship you must meet the family size and yearly income requirements set by our organization. Scholarships will be awarded on a first-come first-serve basis and a limited number of scholarships will be available. **Please return this completed form with a copy of your most recent W-2 form and/or a copy of your most recent tax return (1040).**

If you have any questions, please contact the Executive Director, Steven Freygang director@srarowing.com, 425-653-2583 x 101

Basic Information

Name of Participant: _____ Grade: _____ School: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian #1: _____ Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Parent/Guardian #2: _____ Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Number of people in household: _____ Yearly income (before taxes): _____

Is this the participant's first program with SRA?

- Yes
- No

If no, please list previous SRA programs the participant has taken: _____

Does the participant qualify for free or reduced school lunches?

- Yes
- No



Financial Assistance Information

Program Name: _____ Dates of Program: _____

What amount of financial aid do you require?

- Full
- Partial: _____ % or \$ _____

Please list any extenuating circumstances that should be considered when reviewing your application.

I certify that the above information is correct to the best of my knowledge and is provided to Sammamish Rowing Association for the purpose of being considered for scholarship to enable the participant to attend the above listed program at SRA. I understand that I am required to provide evidence to verify the above information and that all information will remain confidential.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

You must include a copy of your most recent W-2 and tax return (1040).

Turn this form into the Sammamish Boathouse Office, 5022 W Lake Sammamish Pkwy NE
OR
Mail to:
P.O. Box 3309
Redmond, WA 98074