



Application for Financial Assistance

Please read and fill out the application carefully. This request does not automatically constitute approval of assistance, as awards are based on need, extenuating circumstances, and available funds. Please complete each section and mail to the address below, along with a copy of each household income earner's most current W2:

Rockland Rowing Association
Attn: Financial Aid
P.O. Box 7
Nyack NY, 10960

Name of Applicant _____ Age _____ Sex _____

Address _____

Telephone _____ Email _____

List the names, occupations, and/or employers of household wage earners:

Name	Occupation	Employer
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Name	Occupation	Employer
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Program you are requesting assistance _____ Program Dues _____

Amount you can afford _____ Have you received previous assistance? _____

If so, what program _____

Check your combined gross annual income range up to:

\$20,000 _____ \$50,000 _____ \$75,000 _____ \$100,000 or above _____

If there are circumstances you feel should be taken into consideration please explain below (medical conditions, unusual expenses, family responsibilities, etc). Use another sheet of paper if needed:

I certify that all the information provided is true and correct, and that I am responsible to notify Rockland Rowing Association of any changes of family or financial status should they occur.

Print Name: _____

Signature (Guardian if under 18): _____ Date ____/____/____