



Community Boating Center

1641 Padanaram Avenue · New Bedford · Massachusetts · 02740

508-992-6219 · www.communityboating.org

Community Boating Center (CBC) Financial Aid Application

Dear Parent / Guardian,

Enclosed please find information as well as forms to apply for Financial Aid for your child to attend CBC's Summer Youth Sailing Program. Please PRINT (no cursive/script) all answers. Illegible responses will be considered blank and may result in application needing to be resubmitted/denied. All blanks must be filled in. Write NA/Not Applicable if a question or field does not apply to you or the student applying for financial aid. If the application is not filled out completely and/or is not accompanied by all requested supplementary materials the application will be shredded and financial aid will be denied.

The following will need to be returned by you in order for us to process your application:

- Completed CBC 2015 Summer Sailing Program Application
- Completed CBC 2015 Financial Aid Application
- Last 3 Pay stubs or state/federal income assistance verification
- Proof of Income (your IRS Form 1040 or W-2 for 2014)

If you have any questions or need assistance in filling out the application please call the Community Boating Center (508) 992-6219 and ask for Ric or email programs@communityboating.org.

Sincerely,

Community Boating Center Staff

Application Instructions

Part 1 – **PERSONAL INFORMATION**

Please provide all current personal information and list the names of each person living in your household, including relationship and date of birth.

Part 2 – **EMPLOYMENT INFORMATION**

Please indicate if you are currently employed or not, and provide your current employment information if you are.

Part 3 – **INCOME INFORMATION**

Under "Total Household Monthly Income" report all income in your household from the previous month and under "Total Household YEARLY Income" report all income in your household from the previous year. If you or your spouse had no income through work, please indicate "None". In the space provided, please report and list separately all additional income received from the following:

- a. Welfare, Child Support, and Alimony
- b. Pensions, Retirement, and Social Security
- c. All Other Income (Unemployment, Supplemental Security Income, VA Benefits, Disability Benefits, and any other income.

Be sure to include any and all documentation to show your income (i.e. W-2's or Form 1040).

Part 4 – **EXPENSES**

Please list any extraordinary expenses (if any) that are contributing factors for you having to apply for financial aid.

Part 5 – **CONTRIBUTION**

We ask that every family contribute a portion of the camp program fee. Please indicate the amount that you are able to pay in total.

Part 6 – **OTHER INFORMATION**

Please list any other information that may be helpful as to why you are applying for financial aid.

FINALLY,

The application must be signed and dated, and must be accompanied by the supporting documents. Follow the checklist to verify your submission is complete.

- _____ Complete and sign this Financial Aid application (one per family)
- _____ Attached a copy of your 2014 W-2 or IRS Form 1040
- _____ Attach copy of last 3 pay stubs or state/federal income assistance verification
- _____ Complete an Application (one per camper)

Community Boating Center, Inc.
CONFIDENTIAL FINANCIAL AID APPLICATION

One application per family, supporting documents are required.

Part 1 - PERSONAL INFORMATION

Students Name(s) _____
 Parent/Guardian 1 _____ Phone () _____ () _____
 Parent/Guardian 2 _____ Phone () _____ () _____
 Street _____ City _____ State _____ Zip _____
 E-Mail Address _____ Number of people in household _____

Please list all dependents living in your household:

<u>Name:</u>	<u>Relationship:</u>	<u>D.O.B.</u>	<u>Name:</u>	<u>Relationship:</u>	<u>D.O.B.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Part 2 – EMPLOYMENT INFORMATION

Employer	Job Title	Address	Hourly Pay/Salary	Annual Income	Mo/yrs with employer	Parent/Guardian

Part 3 - INCOME INFORMATION – Please provide a copy of your 2014 W-2 or IRS Form 1040

Total Household Monthly Income \$ _____
 Total Household YEARLY Income \$ _____

Please list additional income (i.e. Child Support, SSI, Alimony, WIC, Food Stamps, Other)

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Part 4 - EXPENSES

In addition to your normal expenses, please list any **extraordinary** expenses you have:

\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Part 5 – CONTRIBUTION

Every family must contribute a portion of the program fee!

Please let us know the amount you can contribute to your student’s summer program fee \$ _____

Part 6 - OTHER INFORMATION

Please list any additional information to why you wish to apply for a campership.

By signing below I certify that to to the best of my knowledge all following statements are true and accepted:

- All information contained on this sheet and supplementary materials are complete and accurate.
- If any information on this financial aid application or supplementary material changes I am responsible to report this/these changes to the Community Boating Center, Inc. within 10 days of change.
- I understand that providing false, incomplete or misleading information is grounds for denial of financial aid could possibly render parents/guardians/students ineligible for future financial aid consideration.
- This financial application is solely for Community Boating Center, Inc.’s 2015 summer sailing program.
- Community Boating Center, Inc. will not award financial assistance without proof of income and full disclosure of expense information.
- Community Boating Center, Inc. reserves the right to deny financial aid for any reason.
- Completion and submittal of this application is not a guarantee of financial aid or acceptance into Community Boating Center, Inc.’s programs.

Parent/Guardian Signature _____

Date (MM/DD/YYYY) _____

Parent/Guardian Name Printed _____

If there are reasons that fall outside the range of this application that you would like Community Boating Center, Inc. to consider when determining financial aid please feel free to add a letter to accompany this application.



Email, Fax, or mail completed Financial Aid Application to:

Email: programs@communityboating.org

Fax: (508) 999 – 3320

Mail: Community Boating Center, Inc
1641 Padanaram Ave
New Bedford, MA 02740

For Office Use Only

Date application was received _____ Received by _____ Amount granted _____
Amount owed _____ Other _____