

Community Boating Center, Inc.
CONFIDENTIAL FINANCIAL AID APPLICATION

One application per family.

Part 1-PERSONAL INFORMATION Please provide all current personal information.

Students Name(s) _____

Parent/Guardian 1 Name _____ Phone(s) _____

Parent/Guardian 2 Name _____ Phone(s) _____

Student's Primary Address _____

Street _____ City _____ State _____ Zip _____

Parent/Guardian E-Mail Address _____

Part 2-EMPLOYMENT INFORMATION If you are currently employed, please provide your current employer information.

Employer	Job Title	Job Location	Annual Income	Months/years with employer

Part 3-INCOME INFORMATION

This year we are using the U.S. Department of Housing and Urban Development guidelines to determine eligibility. Please use the chart below to answer the following questions.

Income Limits set by the U.S. Department of Housing & Urban Development *(Please circle one):*

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Extremely Low Income (30%)	0 – 20,950	0 – 23,950	0 – 26,950	0 – 30,000	0 – 35,140	0 – 40,280	0 – 45,420	0 – 50,560
Very Low Income (50%)	20,951 – 34,900	23,951 – 39,850	26,951 – 44,850	30,001 – 49,800	35,141 – 53,800	40,281 – 57,800	45,421 – 61,800	50,561 – 65,750
Low Income (80%)	34,901 – 55,800	39,851 – 63,800	44,851 – 71,750	49,801 – 79,700	53,801 – 86,100	57,801 – 92,500	61,801 – 98,850	65,751 – 105,250
Over Income	55,801 – Above	63,801 – Above	71,751 – Above	79,701 – Above	86,101 – Above	92,501 – Above	98,851 – Above	105,251 – Above

How many people are a part of your household? _____

Using the chart above, which Income Level category are you? _____

Is there any other financial information that you would like for us to factor into a decision regarding your eligibility for financial aid?

We ask that every family contribute a portion of the program fee, if they are able. Please indicate the amount that you can contribute to your students’ summer program fee (in total). (The amount can be zero and that will not affect your eligibility for financial aid.) \$ _____

Part 4-OTHER INFORMATION

Please list any additional information to why you are applying for financial aid.

By signing below, I certify that to the best of my knowledge all following statements are complete and accurate.

- All information contained in this form is complete and accurate.
- If any information on this financial aid application changes, I am responsible to report 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 and could possibly render parents/guardians/students ineligible for future consideration.
- This financial application is solely for Community Boating Center, Inc.’s 2024 summer program.
- 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 for the Community Boating Center, Inc. to consider when determining financial aid eligibility, please feel free to add a letter to accompany this application.

Email completed application to cbc@communityboating.org or fax to (508) 999–3320 or send to Community Boating Center, Inc., 1641 Padanaram Ave., New Bedford, MA 02740.