



SHEBOYGAN
YOUTH SAILING
CENTER

Scholarship Request Form
2020

Sailor's Name: _____

Parent/Guardian Name: _____

Street Address: _____ **City & Zip:** _____

Mobile Phone: _____ **Email Address:** _____

What class would you like to register for? (Full list of available classes can be found online at sheboyganyouthsailing.com): _____

Amount Requested: \$ _____

*If you are financially able to contribute a portion of the class cost, please consider that in your request.

What circumstances make this scholarship necessary? _____

Upon receiving a scholarship, we will request a set number of volunteer hours from the sailor and/or family members. Do you have any specific interests or skills that you would be willing and able to contribute to SYSC? _____

Thank you for submitting this application! SYSC will review each request on a case-by-case basis and your personal information will always be held confidential. We aim to provide as many opportunities for community participation as possible, regardless of financial circumstance. This scholarship is available to any youth sailor to any class at SYSC.

If you wish to contribute to our scholarship fund, please contact us at info@sheboyganyouthsailing.com
or 920-459-0755.