

Lauderdale Yacht Club Sailing Foundation

Junior Sailing Scholarship Application

Name of Applicant: _____

Age: _____ Date of Birth: __/__/__ Male / Female

Address: _____

City, State, Zip _____

Name of Parent/Guardian: _____

Address: _____

City, State, Zip _____

Phone # (H): _____ (W) _____ (Cell) _____

Email Address: _____

Applying For: Level: _____ Session: _____ Dates: _____

Cost _____ Any prior sailing experience? ___ Describe _____

Applicant Statement

Please provide a short statement supporting the applicant's need for assistance and reasons for wishing to participate in the Lauderdale Yacht Club Junior Sailing Program.
