

***Financial Aid Application***

**NSBR financial packages are awarded on a limited basis to those who qualify.**

***Newport Sea Base Rowing (NSBR) financial assistance***

***This information will not be used for any other purpose nor will it be disclosed to any third party other than may be required by law.***

Athlete’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_

**Section I: Financial Disclosure**

Father/Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated total annual income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated total annual income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you are a single parent household?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children in your family that live at home?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children in your family who are attending private school?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If yes, please indicate the level of financial assistance that you receive from the school)

List other organized sports you are currently involved in and the fees associated with such activities (Attach additional pages if required):

Are there any extraordinary circumstances affecting your family that NSBR

should take into consideration? (Attach additional pages if required)

**Section II**

**Please Check the Scholarship for which you are applying:**

\_\_\_\_\_ Full Scholarship & Work Study (awarded sparingly)

\_\_\_\_\_ Half Scholarship & Work Study

\_\_\_\_\_ Quarter Scholarship & Work Study

\_\_\_\_\_ Extended Payment Plan (Payments must be made by the agreed dates or

rowing privileges may be revoked)

***NSBR Scholarship & Work Study Program*** *(Please check the areas in which you would be interested)*

* + 1. \_\_\_\_\_ **Boathouse Organization**
    2. \_\_\_\_\_ **Help with Races**  (includes Pacifica hosting at NSB)
    3. \_\_\_\_\_ **Equipment Maintenance**
    4. \_\_\_\_\_ **Web Site**
    5. \_\_\_\_\_ **Administration**
    6. \_\_\_\_\_ **Fundraising**
    7. \_\_\_\_\_ **Recruiting**

**Section III\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***NSBR Parent Financial Aid Narrative***

In the space provided below please describe the circumstances that would qualify you for

financial assistance. Would you be able to be involved with our parents volunteer group?

***NSBR Child’s Narrative***

Please describe yourself and why you want to row?

***Please attach extra pages if necessary***

**Section IV\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_ I agree that if any misrepresentation has been made by me herein, this application

will be considered void and any financial aid offer withdrawn.

\_\_\_\_\_ I agree to notify NSBR of all changes in both my financial and academic

status which occur during and after the period in which my application is being

considered. I understand NSBR may withdraw its offer of financial aid if I fail to

report such changes.

Signature of student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Return the completed application to:

NSB Rowing Director

Newport Sea Base,

1931 West Coast Hwy,

Newport Beach, CA 92663