



POINT OF PITTSBURGH  
SAILING LEAGUE

*A new Pittsburgh-based sailing program offered by area sailors*

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## SCHOLARSHIP APPLICATION

### ELIGIBILITY GUIDELINES AND APPLICATION PROCESS

- Scholarships are awarded based on specific individual and family circumstances, as well as on PPSL budget constraints.
- PPSL awards scholarships based on ability to pay.
- All scholarship recipients must contribute a minimum of 20% of the program cost.
- Applications are due to PPSL by the first day of practice, the first day of the program.
- Applications are reviewed by the PPSL board.
- All information gathered will be held in strict confidence.

Date of Application: \_\_\_\_\_

#### Applicant Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School District: \_\_\_\_\_ Grade: \_\_\_\_\_

#### Parent/Guardian Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Scholarship Candidate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

How Many People Live at the Address Above? \_\_\_\_\_

Total Monthly Income:\* \$ \_\_\_\_\_ Total Monthly Expenses: \$ \_\_\_\_\_

(\*Include wages, child support, AFDC, SNAP, disability, and any other income)

*Please list any special circumstances that your family is experiencing that will better help us understand your request for assistance. Use an additional sheet if necessary.*

## Ability to Pay

PPSL believes that a strong sense of pride and ownership is developed if the financial assistance recipient has contributed to the cost of involvement. Therefore, applicants will be asked to pay a portion of the fees. All program fees are kept confidential, as they are specific to individual and family circumstances. Above the minimum of 20% of the program cost, what is the amount you are able and/or willing to pay?

\$ \_\_\_\_\_

## Signed Statement

Please read the following and sign if you agree to abide by these scholarship guidelines:

**I hereby certify that the information given on this form is true, accurate and complete to the best of my knowledge. I am aware that if any information that I have provided in this application is inaccurate, financial assistance to participate in PPSL programs may be revoked.**

**I further pledge to provide the support needed so that the scholarship recipient can participate to the fullest extent possible in the program. I understand that if the scholarship recipient does not participate fully in the program, future financial assistance may not be granted.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Scholarship Applicant

\_\_\_\_\_  
Date

### RETURN COMPLETED & SIGNED FORM TO:

Point of Pittsburgh Sailing League  
PO Box 24526  
Pittsburgh PA 15228

**Questions? Please Email:** [sailpittsburgh@gmail.com](mailto:sailpittsburgh@gmail.com)

### PPSL — OFFICIAL USE ONLY:

Scholarship Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_