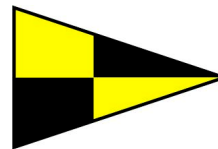


Lincolnvile Boat Club  
PO Box 305  
Lincolnvile, ME 04849  
975-4916



## SCHOLARSHIP REQUEST FORM 2010

### Personal Information

Applicants Name : \_\_\_\_\_ Today's Date \_\_\_\_\_

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### Parents/Adults

Class / Session: \_\_\_\_\_ Start Date: \_\_\_\_\_

Session Cost: \$ \_\_\_\_\_ Total amount that you are able to contribute \$ \_\_\_\_\_

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Why is it important for you or your child to participate in the program?

Explain why you or your child needs financial support?

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### Student

What do you hope to achieve by participating in our sailing program?

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Adult Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Contact phone: \_\_\_\_\_ day \_\_\_ eve Email: \_\_\_\_\_

The Program Director will get in touch with you after reviewing this application and will call or e-mail you with the availability of scholarship funding.