

# The APPRENTICESHOP

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A School for Traditional Boatbuilding and Seamanship

## Rockland Community Sailing Scholarship Application Information

The Apprenticeshop is dedicated to helping all students who need financial assistance to participate in our programs. We strive to distribute scholarship funds in an equitable manner and ask for your help. Scholarships are based primarily on your family's income and any special circumstances.

### NOTE:

1. Scholarship priority goes to students who are year-long Maine residents.
2. Only one scholarship will be awarded to any student in a calendar year.
3. All applicants must pay the required \$25 deposit.

Special consideration will be given for any of the following, but not limited to:

- Single income household
- Number of dependents living in the household
- Recent loss of job
- Catastrophic medical bills
- The amount of financial obligation assumed by parent/guardian and/or student

Please complete the scholarship application questions found on the reverse of this sheet and return it to:

The Apprenticeshop  
Rockland Community Sailing Program  
643 Main Street  
Rockland, ME 04841

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Please note: This application must be filled out completely and submitted at least **two weeks before** the start of the program for which your child is registered.

Name of Applicant \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Name of School You Attend \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Date of Application \_\_\_\_\_

State Where Student Permanently Resides \_\_\_\_\_

Total Household Income \$ \_\_\_\_\_ Number of Dependents in the Household \_\_\_\_\_

Has applicant previously been awarded an *Apprenticeshop* scholarship? \_\_\_\_\_ Year(s) \_\_\_\_\_

How much of the fee can the parent/guardian or student pay? (Include the required \$25 deposit.) \_\_\_\_\_

**For parent/guardian:**

What do you hope to achieve by participating or having your child participate in our sailing program?

Explain why you or your child needs a scholarship.

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

**For student:**

Why do you want to sail as a member of our sailing program?

After you have read this complete document, please sign and date below.

I/we have read and understand the scholarship policy on the reverse side of this application.

\_\_\_\_\_  
(Parent/Guardian's signature)

\_\_\_\_\_  
(Student's signature)

\_\_\_\_\_  
(Date)