

Saratoga Rowing Association Inc.

DUE BY: June 15th

Confidential application for Rowing Assistance Program (R.A.P.) for *Learn to Row*

Please fill out the following information and attach photocopies of the necessary documents and return to Saratoga Rowing Association, c/o Susan Pruiksmas, 543 Union Avenue, Saratoga Springs, NY 12866.

Any costs not covered by this program will be required to be paid in full before the child can begin.

Please print all information

Date of application: ____/____/____

Custodial parent name(s): _____

Best phone # to reach you _____

Mail address _____

Non custodial parent name(if applicable) : _____

Phone _____

Mail address _____

Name of child(ren) who will be rowing: _____

Child's address: _____

Applicant's place of employment: _____

Please list all persons who **live** in your household & share living expenses or meals (including yourself)

Name	Relationship	Date of Birth	School/employer

Total number in household: _____

Are you single head of household? ___yes ___no

Please fill in your MONTHLY income and expenses BEFORE TAXES

Wages/Salaries/Tips Before Taxes for YOU	\$	Rent/mortgage	\$
Wages/Salaries/Tips Before Taxes for Significant Other	\$	Utilities (electric/cable/phone)	\$
Unemployment Compensation	\$	Credit Card Payments	\$
Social Security Compensation	\$	Clothing	\$
Child Support/other child aid	\$	Car Insurance	\$
401K/retirement funds	\$	Food	\$
Alimony	\$	Homeowners/Rental Insurance	\$
		Alimony	\$
		Medical Insurance/Fees	\$
		Loans	\$
Other ** Please Explain	\$	Other ** Please Explain	\$
Total Income:		Total Expenses:	

**Please explain other: _____

Attach last year's internal revenue tax statement & current (1 month's) pay stubs and/or your SSI allocation statement for you and significant other to verify annual earnings.

Selection Process

Financial assistance eligibility is ultimately the responsibility of the R.A.P. committee of the Saratoga Rowing Association. It is a completely confidential (non parental committee). Financial assistance determination is based on a review of the application, and will be granted to the extent that funds are available. The SRA reserves the right to refuse assistance to any applicant.

All information contained in this application is deemed true to the best of my knowledge:

Signature of applicant _____ date _____