Saratoga Rowing Association Inc. DUE BY:	
Confidential application for Rowing Assistance Program (R.A.P.)	
Please fill out the following information and attach photocopies of the necessary documen to: Saratoga Rowing Association c/o Katherine Smith,	ts and return
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 ca	un hogin
Please print all information	iii begiii.
New applicationMembership renewal application	
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:	
How many years has this child been rowing:	
Applicant's place of employment:	
Please list all persons who live in your household & share living expenses or meals (include	ding yourself)
Name Relationship Date of Birth School/emp	loyer

Name	Relationship	Date of Birth	School/employer

Total	number in household:			
Are y	ou single head of household?	_yesno		
Let us	s know how rowing has influence	d and benefited y	our child(ren)	
	Please fill in your MO	NTHLY income a	and expenses BEFORE TAX	ES
Wages/Salarie	es/Tips Before Taxes for YOU	\$	Rent/mortgage	\$
Significant Oth	es/Tips Before Taxes for ner	\$	Utilities (electric/cable/phone)	\$
Unemploymer	nt Compensation	\$	Credit Card Payments	\$
Social Securit	y Compensation	\$	Clothing	\$
	other child aid	\$	Car Insurance	\$
401K/retireme	ent funds	\$	Food	\$
Alimony		\$	Homeowners/Rental Insurance	\$
			Alimony	\$
			Medical Insurance/Fees	\$
			Loans	\$
	o Evoloin	\$	Other ** Please Explain	\$
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Other ** Pleas	Total Income:	Ψ	Total Expenses:	
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