

**Bare Hill Rowing Association
Financial Assistance Application**
Please email to Programdirector@barehillrowing.com

Name of Athlete: _____ School & Grade: _____

Number of previous seasons with BHRA _____

Parent(s)/ Guardian(s) Names: _____

Mother

Father

Home Address

Email Address

Mother

Father

Marital Status: _____

Number of siblings of Athlete: _____ Number of siblings with BHRA: _____

Parents' Occupations: _____ and _____

For which season are you applying? (circle) Fall Spring

TYPE OF FINANCIAL ASSISTANCE REQUESTED: (CHECK ONE)

_____ Financial Aid requested. Keeping in mind that our funds are limited, how much would you be able to pay for the program? Amount \$ _____

_____ Help us "close the gap" on fees. The **bare hill fund** assistance is requested. Amount \$ _____

Have you received financial assistance from BHRA in the past? (This does not include Payment Plan arrangements.)

Yes No

ADDITIONAL INFORMATION: REQUIRED FOR FINANCIAL AID OR bare hill fund REQUESTS:

Gross Household Salary in Prior Year _____

Estimated Gross Household Salary in CurrentYear _____

All Other Earnings (including interest & dividends, alimony, unemployment, pension & social security and any other earnings) : Prior Year _____ Current Year _____

If the athlete is under 18 years old, does he/she meet the Federal Eligibility Income Guidelines for free or reduced lunch? Yes No

On a separate sheet, please answer the following:

1. Were there any circumstances that prompted you to request financial assistance?

2. Have you made or do you plan to make contributions to BHRA through volunteering? Please describe.

3. Explain why participation in BHRA programs is important to you and/or your child.

We agree that all the information above and all other information (if any) submitted with this application is correct and an accurate reflection of my/our financial situation.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____