

Cape Cod Youth Rowing Scholarship Application Parent Participation Form

Purpose

To allow every student on Cape Cod the opportunity to participate in Cape Cod Youth Rowing (CCYR) programs regardless of household financial conditions.

Eligibility

Qualifications for receiving scholarship assistance include:

- Free or Reduced School Lunch
- Temporary Assistance for Needy Families
- Aid for Dependent Children
- Foster Care
- Medicaid

Each request is considered on an individual basis

All scholarships are supplementary.

Scholarship Requirements

Families are required to participate in all program fundraisers.

Students are required to attend a minimum of 80% of scheduled practices and regattas

Parents/ Guardians are expected to participate in volunteer/support activities (**see App. Form**).

Application Process

1. Complete the CCYR Scholarship Application Form which must be signed by a parent or guardian
2. Attach official documents signifying the child is receiving aid. If such documents are not available, a school employee, social worker, or case worker must sign the form to verify eligibility. **Confidentiality** will be maintained at all times
3. Should any extenuation circumstances occur that prevent a family from participating in the above mentioned activities, please contact Barbara Howard at 508-432-2275 or barhoward@msn.com
4. Send completed application and required documents to:

Cape and Islands Rowing Association, Inc.

c/o Barbara Howard, Clerk

PO Box 1515

Harwich, MA 02645

**Cape Cod Youth Rowing Scholarship Application
Parent Participation Form**

To be completed by Parent or Guardian – please print neatly. Complete ALL of the following information and attach required documents.

Completing a scholarship application does not register a child for the program. Please register at Regatta Central.

Child's Name: _____ Gender: _____ Age: _____ Date of Birth: _____

School Child Attends: _____ Grade: _____

Parent/Guardian Name: _____

Street Address: _____ Town: _____ State/Zip: _____

Daytime Phone: _____ Evening or Cell Phone: _____

Parent/Guardian email address: _____

Signature of Parent/Guardian: _____ Date: _____

In addition to your fundraising commitment as a scholarship recipient, please check off any areas below in which you can provide help:

- | | |
|---|---|
| <input type="checkbox"/> Coordinating rides to and from practice | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Coordinate Liaisons to schools | <input type="checkbox"/> Coordinating a Fundraiser |
| <input type="checkbox"/> Coordinating tent and site set up/break down at Regattas | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Liaison to CIRA Board | <input type="checkbox"/> Equipment maintenance and repair |
| <input type="checkbox"/> Coordinating food for Regattas | <input type="checkbox"/> Other |
| <input type="checkbox"/> Helping to maintain the website | |
| <input type="checkbox"/> Coordinating transportation for Regatta | |

Please return to: CIRA, c/o Barbara Howard, PO Box 1515, Harwich, MA 02645

For Office Use Only

Date Received: _____ Received by: _____

Supporting documents attached, including:

Verified for scholarship: _____ Denied: _____

Approved by: _____ Date: _____

Notification Date: _____

Informed By: Letter _____ Phone _____ Email _____