

Application

Applicant:

Name: Last: _____ First: _____ **Date:**

Address:

Street: _____ City: _____ State: _____ Zip: _____

Email: _____

Age (as of program start date): _____ **Date of Birth:** _____

Parent/Guardian Name: Last: _____ First: _____

Phone: Area Code: _____ Number _____

Current Sailing Program:

Name: _____ Location: _____ No. Years Attended: _____

Level of Sailing Class you plan to enter this summer:

____ Beginner ____ Intermediate ____ Racer ____ Other (please explain)

Expected Tuition: \$ _____

Applicant Statement: (1 page or less)

Please explain why you feel you qualify for the award.

Consider the following:

Why are you drawn to the sport of sailing?

What about sailing brings you joy?

What goals do you have for your sailing career?

CJ Sailing Scholarship Application

Coach/Supporter:

Name: Last: _____ First: _____ Date: _____

Phone: Area Code: _____ Number _____

Email: _____

Connection to applicant: _____

Coach/Supporter Recommendation: (1 typed page or less)

Please explain why applicant deserves this award
Consider the following: Interest, Passion, and Need

Only completed forms will be reviewed.

Please scan and e-mail the Application Form with the applicant statement
and coach/supporter recommendation to:

cjbucklescholarshipfund@gmail.com.

or send by mail to:

Carter Y. Buckley, 11 Intervale Road, Providence, RI 02906

Scholarship Application Deadline – 4/30/2022

