

# CJ Buckley Sailing Scholarship Application

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## Applicant:

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Date: \_\_\_\_\_

### Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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?

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## Applicant:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## 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:**

**cjbuckleyscholarshipfund@gmail.com.**

**or send by mail to:**

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

**Scholarship Application Deadline – 5/15/2023**

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