



2024SCHOLARSHIP FORM

The WaterFront Center

(516) 922-SAIL [7245]

TheWaterFrontCenter.org

Info@thewaterfrontcenter.org

1 West End Avenue, Oyster Bay, NY 11771

Lat: 40° 52.55' N / Long: 73° 32.22' W

APPLICANT INFORMATION:

Name: _____

Address: _____

Email: _____ Phone: _____

Date of birth: _____

What Gender Do You Identify as?:

- Male
- Female

Please Specify Your Ethnicity:

- Caucasian
- African-American
- Latino or Hispanic
- Asian
- Native American
- Native Hawaiian or Pacific Islander
- Two or More
- Other/Unknown

If Applicable, Please Specify your religion:

- Catholicism/Christianity
- Judaism
- Islam
- Buddhism
- Hinduism
- Other: _____

Previous Program(s) Attended (if any): _____

Desired Program & Dates: _____

SCHOOL INFORMATION:

School Attending: _____

Grade: _____ Teacher/Guidance Counselor: _____

Address: _____

City: _____ State: _____ Zip: _____

REFERENCES:

Reference Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

FINANCIAL INFORMATION:

All applications must include a parents/guardian's Form 1040, 2023, U.S. Individual Income Tax Return. If not included, your application will be considered incomplete.

HANDWRITTEN ESSAY:

Submit a one-page essay about one of the following prompts:

- How can introducing more people to sailing provide a positive impact on our community?
- How can educating more people about our local ecosystems benefit our community?

FAMILY INFORMATION:

Mother's Information

Name: _____

Occupation: _____

Employer: _____

Business Address: _____

Business Phone: _____ Email: _____

Father's Information

Name: _____

Occupation: _____

Employer: _____

Business Address: _____

Business Phone: _____ Email: _____

CERTIFICATION OF APPLICANT:

All information on this application is accurate and complete to the best of my knowledge. I specifically acknowledge and agree that verification of any information contained herein may be made at any time by The WaterFront Center. If asked by the Scholarship Committee, I agree to give proof of the information provided on this form. I realize if I do not furnish said information when requested, my child(ren) may be denied aid.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____