

# Saratoga Rowing Association Inc.



## Confidential application for Rowing Assistance Program (R.A.P.)

Please fill out the following information and attach photocopies of the necessary documents and return to Saratoga Rowing Assoc, c/o Business Manager, PO Box 750, Saratoga Springs, NY 12866.

Any costs not covered by this program may be required to be paid in full before the child can begin.

**APPLICATIONS MUST BE RECEIVED AND APPROVED PRIOR TO THE START OF ANY PROGRAM UNLESS A REGULAR PAYMENT HAS BEEN RECEIVED.**

### Please print all information

\_\_\_\_\_ New application \_\_\_\_\_ Renewal application Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Custodial parent name(s): \_\_\_\_\_

Best phone # to reach you \_\_\_\_\_

Mail address \_\_\_\_\_

Non custodial parent name(if applicable) : \_\_\_\_\_

Phone \_\_\_\_\_

Mail address \_\_\_\_\_

Name of child(ren) who will be rowing: \_\_\_\_\_

Child's address if different than custodial parent:  
\_\_\_\_\_

How many years has this child been rowing: \_\_\_\_\_ Grad Year \_\_\_\_\_

Applicant's place of employment: \_\_\_\_\_ Yrs there \_\_\_\_\_

Please list all persons who live in your household and share living expenses or meals

Name	Relationship	Date of Birth	School/employer

Total number in household: \_\_\_\_\_

Are you single head of household? \_\_\_yes \_\_\_no If yes, \_\_\_male \_\_\_female

**Confidential application for Rowing Assistance Program (R.A.P.)-page 2**

How has rowing influenced and benefited your child(ren)? If you are a new applicant, how did you hear about our programs and assistance program?

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**Please fill in your monthly income and expenses**

**Monthly Income**

Wages, salaries, tips for you after taxes \$ \_\_\_\_\_  
Wages, salaries, tips for your Spouse after taxes \$ \_\_\_\_\_  
Unemployment compensation \$ \_\_\_\_\_  
Social Security compensation \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Aid to dependent children \$ \_\_\_\_\_  
Food stamps \$ \_\_\_\_\_  
401K/retirement funds \$ \_\_\_\_\_  
Alimony \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

Total Income: \$ \_\_\_\_\_

**Monthly Expenses**

Rent/Mortgage \$ \_\_\_\_\_  
Utilities \$ \_\_\_\_\_  
Education \$ \_\_\_\_\_  
Credit Cards \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Phone \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Alimony \$ \_\_\_\_\_  
Medical \$ \_\_\_\_\_  
Loans \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

Total Expense \$ \_\_\_\_\_

Please explain if there are any special circumstances that you would like us to know about.

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**Please attach last year's internal revenue tax statement & current (1 month's) pay stubs and/or your SSI allocation statement to verify your annual earnings.**

**Selection Process**

Financial assistance eligibility is ultimately the responsibility of the R.A.P. committee of the Saratoga Rowing Association. It is a completely confidential (non parental committee). Financial assistance determination is based on a review of the application, and will be granted to the extent that funds are available. The SRA reserves the right to refuse assistance to any applicant.

All information contained in this application is deemed true to the best of my knowledge:

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_