



Saratoga Rowing Association, Inc.

Confidential Application for Rowing Assistance Program (R.A.P.) 2009-2010

Please fill out the following information and attach photocopies of the necessary documents and return to Saratoga Rowing Assoc, c/o Anne Schwartzman, 288 Daniels Rd, Saratoga Springs NY 12866. Any costs not covered by R.A.P. may be required to be paid in full before the child can begin.

APPLICATIONS MUST BE RECEIVED TWO WEEKS PRIOR TO THE START DATE TO BE ELIGIBLE FOR R.A.P. FOR THE CURRENT PROGRAM. ANY LATE APPLICATIONS WILL BE CONSIDERED FOR THE NEXT PROGRAM DATE

Please print all information

_____ New application _____ Renewal application Date of application: ____/____/____

Custodial parent name(s): _____

Best phone # to reach you _____

Mailing 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 the child(ren) been rowing: _____ HS Graduation Year _____

Applicant's place of employment: _____ Yearrs there _____

Please list **all persons** who live in your household and share living expenses or meals-include yourself.

Name	Relationship to applicant	Date of Birth	School/Employer

Total number in household: _____

Are you single head of household? ____Yes ____No If yes, ____Male ____Female

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?

Please fill in -

Monthly Income		Monthly Expenses	Average if you need to
Wages, tips for you – after tax	\$	Mortgage/Rent	\$
Wages, tips for spouse - after tax	\$	Home/Rent Insurance	\$
Social Security	\$	Car Insurance	\$
Child Support	\$	Car Loan	\$
Alimony	\$	Gasoline & Car Maintenance	\$
Unemployment Compensation	\$	Electric, Gas & Heat Expenses	\$
Aid to dependent children	\$	Medical Expenses	\$
Food Stamps	\$	Telephone	\$
Investment Income	\$	Cable, Internet Expenses	\$
Other	\$	Alimony Expense	\$
	\$	Food & Sundries Expense	\$
		Education Expenses	\$
		Clothing Expense	\$
		Meals out, entertainment	\$
		Other –explain below	\$
Total Monthly Income	\$	Approximate Total Monthly Expenses	\$
Yearly Income-after tax	\$	Approximate Total Yearly Expenses	\$

Please explain if there are any special circumstances that you would like us to know about or to explain if expenses are high for certain items. If your annual income is higher than your yearly expenses, please explain why you are requesting assistance.

Please attach the most current year’s internal revenue tax statement 1040 (page 1 & 2 only) & your last two pay stubs and/or your Social Security allocation statement.

Selection Process information:

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.

If found eligible for assistance; you may be able to continue with assistance for up to 12 months without another application being submitted. After 12 months a brand new application is required along with appropriate up-to-date tax and pay statements.

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. You may be contacted if further information, explanation or documentation is needed.

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

Signature of applicant _____ Date _____