

**Application for Scholarship to Participate in a PHRF Member Club's Junior Sailing Program**

Mail to: PHRF Foundation  
c/o PHRF of the Chesapeake  
P.O. Box 3169  
Prince Frederick, MD 20678

Date of Application: \_\_\_\_\_

1. Name of scholarship applicant: \_\_\_\_\_

2. Street Address and Phone of Applicant.

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

3. Birthday of Applicant (Must be 18 years of age or younger on the date instruction begins):

\_\_\_\_\_

4. Dates of session in which Applicant will participate:

\_\_\_\_\_

\_\_\_\_\_

5. Describe sailing experience of Applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Describe basis for your conclusion that the Applicant could not afford to participate in the program without a scholarship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. This application should be supported by the recommendation of at least one leader in the Applicant's community. Please attach recommendations to this Application.

Submitted by: \_\_\_\_\_

Junior Sailing Program Director's Signature & Date

PHRF Member Club: \_\_\_\_\_

Member Club Address: \_\_\_\_\_

Member Club Phone: \_\_\_\_\_