



Eastport Yacht Club Foundation

Maritime Vocation Study Scholarship Application

Name of Student: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Age: ____ Birthdate: __/__/____

Email: _____

Name of Parent/Guardian: _____

Address (if different from above): _____

City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Area of Maritime Vocation interest: _____

Previous academic studies:

School: _____ Dates: _____

Name of Reference from this school: _____

School: _____ Dates: _____

Name of Reference from this school: _____

Please describe why you have chosen this area of study (use back if necessary):

Please provide information about the course(s) for which you wish to receive financial assistance:

School: _____

Have you applied to the school for Financial Assistance? _____

Have you received Financial Assistance from the school or any other sources? _____
If yes, please provide details (source, type and amount of aid):

Course Title: _____

Course Number/Code: _____ Date of Registration: _____

Have you been accepted to enroll in this course? _____

Course Title: _____

Course Number/Code: _____ Date of Registration: _____

Have you been accepted to enroll in this course? _____

Please explain WHY you are requesting an Eastport Yacht Club Maritime Vocations Training Scholarship (use back if necessary).

Signature of Student

Date of Scholarship Application