



Eastport Yacht Club Foundation

EYC Learn-to-Sail

Scholarship Application

Name of Student _____

Address _____

State _____ Zip _____ Age ____ Birth date ____/____/____

Name of Parent/Guardian _____

Address (if different from above) _____

State _____ Zip _____ Phone (H) _____

Phone (W) _____ Cell _____

Email address _____

Applying for Level _____ Session _____ Dates _____

Please provide a short statement explaining (a) this youngster's reasons for wishing to participate in Eastport Yacht Club's Learn-to-Sail Program and (b) support for the applicant's need for assistance to do so.