2021 Oakcliff Financial Aid Application Form

Oakcliff Sailing is proud to offer thousands of dollars each year in tuition assistance. Scholarships are available to sailors and athletes who show potential to trainees who would be unable to attend without financial aid.

Oakcliff is the only organization offering need-based opportunities for trainees working toward being the next generation of top American racers. Scholarships are made available by generous individual donations from Oakcliff supporters, parents and alumni in recognition of Oakcliff's contribution to the sport of sailing.

Typical tuition assistance ranges from $500-$4000. Full scholarships are unusual. Please do not apply for more money than you need.

While there is no deadline for financial aid applications, scholarships are awarded on a first-come, first serve basis, so you are encouraged to apply as early as possible. Financial aid review occurs after admissions decisions are made, in the order the applications for aid were received. We may request additional information before a decision is made.

Applicant

Applicant name: _____________________________ Age _____ Date: _____________ Citizen of: _______________________ Social Security # _____________________________

Estimate of Need

2021 Program tuition - $1,225 for High Performance Intensive - $2,100 for the World Match Racing Intensive - $7,328 for the Maxi Intensive I, II - $3,496, III - $2400 --- Offshore Program; intensive I, $1,578 for intensive II, and $3,035 for intensive III - $20,346 USPA, $950 per week for the Sapling Program (two or more Programs). Please estimate the maximum you can afford and subtract it from the full tuition. Scholarship funds are available for tuition only: they cannot be used to pay for transportation or equipment.

Program__________________________ $____________ Estimated Need (Scholarship Request)

Explanation of Circumstances

Please give us any additional information that will assist our decision. Include your family status and any other expenses you expect to incur attending the Oakcliff Program(s) (travel, equipment), as well as a plan to meet that burden. Continue on the back of this sheet as necessary.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
**Parent/Guardian #1 Financial Information**

*If you support yourself, please fill in this form out using your own information

Name: ___________________________________________________________________

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>Middle</th>
</tr>
</thead>
</table>

Address: ___________________________________________________________________

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Country</th>
</tr>
</thead>
</table>

Contact: ____________________________________________

<table>
<thead>
<tr>
<th>Work phone</th>
<th>Home phone</th>
<th>Cell phone</th>
</tr>
</thead>
</table>

Email: ___________________________________________________________________

1. **Income.** If you filed taxes in the U.S. last year, please attach a copy of your 1040 form. If you live elsewhere, please attach other suitable tax documentation that shows income.

2. **Marital status:** _______________

3. **How many people do you support?** Include yourself, the applicant, and any others you count as a dependent: _______________

4. **Are any of your dependents in private school? How many?** _______________

5. **Are any of your dependents in college? Do they receive financial aid?** _______________

6. **Annual Expenses**

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing (mortgage, rent):</td>
<td>$___________</td>
</tr>
<tr>
<td>Living (food, clothing, utilities):</td>
<td>$___________</td>
</tr>
<tr>
<td>Medical (insurance and costs insurance doesn’t cover):</td>
<td>$___________</td>
</tr>
<tr>
<td>Tuition:</td>
<td>$___________</td>
</tr>
<tr>
<td>Debt payments:</td>
<td>$___________</td>
</tr>
<tr>
<td>Auto:</td>
<td>$___________</td>
</tr>
<tr>
<td>Credit Cards:</td>
<td>$___________</td>
</tr>
<tr>
<td>Other loans:</td>
<td>$___________</td>
</tr>
<tr>
<td>Other:</td>
<td>$___________</td>
</tr>
</tbody>
</table>

7. **Assets & Liabilities**

<table>
<thead>
<tr>
<th>Asset</th>
<th>Worth Now</th>
<th>Owed On</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash:</td>
<td>$___________</td>
<td>$___________</td>
</tr>
<tr>
<td>Stocks/CDs/Investment Accounts:</td>
<td>$___________</td>
<td>$___________</td>
</tr>
<tr>
<td>Vehicles (Model:__________):</td>
<td>$___________</td>
<td>$___________</td>
</tr>
<tr>
<td>Home:</td>
<td>$___________</td>
<td>$___________</td>
</tr>
<tr>
<td>Other real estate:</td>
<td>$___________</td>
<td>$___________</td>
</tr>
<tr>
<td>Other:</td>
<td>$___________</td>
<td>$___________</td>
</tr>
</tbody>
</table>

I, _________________, attest that the above information is factually true and honestly presented.

Signature: ___________________________________________________________________

Date: ___________________________________________________________________
Parent/Guardian #2 Financial Information

Name: ____________________________________________

First     Last     Middle

Address: ____________________________________________
Address     City     State     Zip     Country

Contact: ____________________________________________
Work phone     Home phone     Cell phone

Email: ____________________________________________

1. Income. If you filed taxes in the U.S. last year, please attach a copy of your 1040 form. If you live elsewhere, please attach other suitable tax documentation that shows income.

2. Marital status: ______________

3. How many people do your support? Include yourself, the applicant, and any others you count as a dependent: ______________

4. Are any of your dependents in private school? How many? ______________

5. Are any of your dependents in college? Do they receive financial aid? ______________

6. Annual Expenses

   Housing (mortgage, rent): ................................................................. $___________
   Living (food, clothing, utilities): ........................................................ $___________
   Medical (insurance and costs insurance doesn’t cover): ................................ $___________
   Tuition: ........................................................................................................ $___________
   Debt payments: ......................................................................................... $___________
   Auto: ........................................................................................................... $___________
   Credit Cards: ............................................................................................. $___________
   Other loans: ................................................................................................. $___________
   Other: _______________ ..................................................................................... $___________

7. Assets & Liabilities

   Worth Now     Owed On

   Cash: ........................................................................................................ $___________
   Stocks/CDs/Investment Accounts: ......................................................... $___________
   Vehicles (Model:_______________): ......................................................... $___________
   Home: ..................................................................................................... $___________
   Other real estate: ......................................................................................... $___________
   Other: _______________ ..................................................................................... $___________

I, ___________________, attest that the above information is factually true and honestly presented.

Signature: ______________________________     Date: __________________________