



PO Box 1553, Northampton, Massachusetts 01061
Rowers Assistance Application

Please fill out the following information and return to:

Northampton Community Rowing
Attn: Rowers Assistance
Box 1553
Northampton, MA 01061

All information on this form will be kept **confidential**, and reviewed only by the Rowers Assistance Committee. **This information will not influence placement in any program.** Rowers assistance is based on need and can cover between 25% and 75% of program costs. Any costs not covered by this assistance will be required to be paid in full by the start of the session.

Date of Application: _____ New Application Renewal Application

Rowers Name: _____ Parent/Guardian: _____
(If Applicable)

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Which program are you requesting assistance for? _____

Applicant Family total gross yearly income range:

- Under \$25000 \$25000-\$50000 \$50000-\$75000 \$75000+

Number of individuals who depend on this income: _____

Please tell us about your monthly expenses

Rent/Mortgage: _____ Tuition: _____ Childcare: _____

Health Expenses: _____ Loans: _____ Other: _____

Are there any other financial circumstances that you would like us to consider?

What percentage of aid are you requesting?

- 25% 50% 75% Race Fees Only

In addition to this form please provide copies of one month of family pay stubs.

By signing, I attest that the information contained in this application is accurate to the best of my abilities.

Signature of Rower

Date

Signature Parent/Guardian (if applicable)

Date

For NCR Use Only

Application received on: _____ reviewed on: _____

Approved for: 25% 50% 75% Fees Denied

Communication sent to applicant on: _____