



Women's Sailing Foundation

Request for Scholarship Funds

(To be completed by Sponsoring Agency)

Sponsoring Agency: _____

Street Address: _____

City, State, Zip _____

Contact Person: _____

Contact Phone: _____ **E-mail:** _____

Location of Sail Program: _____

Dates to Participate in Sail Program: _____

Cost of Sail Program: _____

(To be completed by Participant)

Print Full Name: _____

Address: _____

Age: _____ **Grade in School:** _____

List some sports in which you participant and like: _____

Attached is a summary about why you would like to take sailing lessons at the sailing program mentioned above.

Participant's Signature _____ **Date** _____

Enriching the lives of women and girls through education and access to the sport of sailing

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