

**2009-2010  
PACIFIC ROWING CLUB  
FINANCIAL AID APPLICATION**

Pacific Rowing Club seeks to assure that all rowers have the opportunity to compete regardless of financial means. To that end, PRC has created a limited financial aid fund to help defray partial membership costs.

To assure equitable allocation of these limited funds, we ask that you complete the following form. The information is confidential, and will be reviewed only by the PRC Financial Aid Committee. **The deadline to submit completed applications is December 1.**

If you have questions or concerns, please contact Olga Vose 415 334-8156 or 415 420-5579.

**FALL PAYMENTS MUST BE RECEIVED BEFORE FINANCIAL AID APPLICATION IS  
CONSIDERED**

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*Please print*

**Rower Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Team: Varsity Wom. \_\_\_\_ Varsity Men \_\_\_\_ Novice Wom. \_\_\_\_ Novice Men \_\_\_\_

School: \_\_\_\_\_ Graduating Year: \_\_\_\_\_

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**Parent/Guardian Information**

Please indicate how much assistance you are requesting for the Spring season (not to exceed 50% of total tuition): \$ \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. Home \_\_\_\_\_

Email: \_\_\_\_\_ Cell \_\_\_\_\_

Occupation of Father/Guardian: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Occupation of Mother/Guardian: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Number of Other Children (under age 18) in household: \_\_\_\_\_

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**Monthly Expenses**

Mortgage/rent \_\_\_\_\_ Utilities \_\_\_\_\_ Food \_\_\_\_\_  
 Childcare \_\_\_\_\_ Tuition \_\_\_\_\_ Medical/Dental \_\_\_\_\_  
 Dependent Expenses \_\_\_\_\_ Pers.Expenses \_\_\_\_\_ Other \_\_\_\_\_  
 Auto/Transportation \_\_\_\_\_ *Total Monthly Expenses* \_\_\_\_\_

**Statement Of Need** (This statement is your opportunity to provide information to the Financial Aid Committee to assist in their decision. Please include any special circumstances):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Optional**

I authorize the following person to provide information and to act on my behalf:

\_\_\_\_\_  
 Name phone email

Attach copies of your most recent paycheck stubs and last year's Federal Tax return. If each parent/guardian filed separately, provide both tax returns. If your financial situation has changed significantly since the latest return was filed, please explain the changes in the Statement of Need. If no return was filed, please explain the reason in the Statement of Need.

I certify that all information provided is true and correct:

\_\_\_\_\_  
 Father/Guardian Signature date Mother/Guardian Signature date

Send this completed form along with documentation requested to: Olga Vose, 170 Rome St. San Francisco, Ca 94112.

