

**Community Boating Center, Inc.  
CONFIDENTIAL FINANCIAL AID APPLICATION**

*One application per family*

**Part 1-PERSONAL INFORMATION** Please provide all current personal information.

Students Name(s) \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Student's Primary Address

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian E-Mail Address \_\_\_\_\_

**Part 2-EMPLOYMENT INFORMATION** If you are currently employed, please provide your current employer information.

Employer	Job Title	Job Location	Annual Income	Months/years with employer

**Part 3-INCOME INFORMATION**

This year we are using the U.S. Department of Housing and Urban Development guidelines to determine eligibility. Please use the chart below to answer the following questions.

Income Limits set by the U.S. Department of Housing & Urban Development *(Please circle one):*

<b>INCOME LEVEL</b>	<b>1 PERSON</b>	<b>2 PERSON</b>	<b>3 PERSON</b>	<b>4 PERSON</b>	<b>5 PERSON</b>	<b>6 PERSON</b>	<b>7 PERSON</b>	<b>8 PERSON</b>
Extremely Low Income (30%)	0 – 23,000	0 – 26,300	0 – 29,600	0 – 32,850	0 – 36,580	0 – 41,960	0 – 47,340	0 – 52,720
Very Low Income (50%)	23,001 – 38,350	26,301 – 43,800	29,601 – 49,300	32,851 – 54,750	36,581 – 59,150	41,961 – 63,550	47,341 – 67,900	52,721 – 72,300
Low Income (80%)	38,351 – 61,350	43,801 – 70,100	49,301 – 78,850	54,751 – 87,600	59,151 – 94,650	63,551 – 101,650	67,901 – 108,650	72,301 – 115,650
Over Income	61,351 – Above	70,101 – Above	78,851 – Above	87,601 – Above	94,651 – Above	101,651 – Above	108,651 – Above	115,651 – Above

How many people are a part of your household? \_\_\_\_\_

Using the chart above, which Income Level category are you? \_\_\_\_\_

Is there any other financial information that you would like for us to factor into a decision regarding your eligibility for financial aid?

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We ask that every family contribute a portion of the program fee, if they are able. Please indicate the amount that you can contribute to your students' summer program fee (in total). (The amount can be zero and that will not affect your eligibility for financial aid.) \$ \_\_\_\_\_

**Part 4-OTHER INFORMATION**

Please list any additional information on why you are applying for financial aid.

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By signing below, I certify that to the best of my knowledge all following statements are complete and accurate.

- All information contained in this form is complete and accurate.
- If any information on this financial aid application changes, I am responsible to report these changes to the Community Boating Center, Inc. within 10 days of change.
- I understand that providing false, incomplete or misleading information is grounds for denial of financial aid and could possibly render parents/guardians/students ineligible for future consideration.
- This financial application is solely for Community Boating Center, Inc.'s 2025 summer program.
- Community Boating Center, Inc. reserves the right to deny financial aid for any reason.
- Completion and submittal of this application is not a guarantee of financial aid or acceptance into Community Boating Center, Inc.'s programs.

**Parent/Guardian Signature** \_\_\_\_\_

**Date (MM/DD/YYYY)** \_\_\_\_\_

**Parent/Guardian Name Printed** \_\_\_\_\_

If there are reasons that fall outside the range of this application that you would like for the Community Boating Center, Inc. to consider when determining financial aid eligibility, please feel free to add a letter to accompany this application.

Email completed application to [cbc@communityboating.org](mailto:cbc@communityboating.org) or fax to (508) 999-3320 or send to Community Boating Center, Inc., 1641 Padanaram Ave., New Bedford, MA 02740.