



Friends of Brookline Rowing
Financial Assistance Application
Please email to: fobrtreasurer@gmail.com

Name of Athlete: _____ Grade: _____

Number of previous seasons with Brookline Rowing _____

Parent/ Guardian names: _____
Parent/Guardian 1 Parent/Guardian 2

Home address(es) _____

Email addresses _____
Parent/Guardian 1 Parent/Guardian 2

Marital status: _____

Number of siblings of athlete: _____ Number of siblings with Brookline Rowing: _____

Parents' occupations: _____ and _____

For which season(s) are you applying? (check) ☐ Fall ☐ Winter ☐ Summer

Have you received financial assistance from FOBR in the past? (This does not include Payment Plan arrangements.) ☐ Yes ☐ No

ADDITIONAL INFORMATION REQUIRED FOR FINANCIAL AID:

Gross Household Salary in Prior Year _____

Estimated Gross Household Salary in Current Year _____

All Other Earnings (including interest & dividends, alimony, child support, unemployment, pension & social security and any other earnings): Prior Year _____ Current Year _____

If the athlete is under 18 years old, do they meet the Federal Eligibility Income Guidelines for free or reduced lunch? ☐ Yes ☐ No

Please answer the following below or on a separate sheet:

1. Were there any circumstances that prompted you to request financial assistance?
2. Have you made or do you plan to make contributions to FOBR through volunteering? Please describe.
3. Explain why participation in FOBR programs is important to you and/or your child.

I/We agree that all the information above and all other information (if any) submitted with this application is correct and an accurate reflection of my/our financial situation.

Parent/Guardian signature: _____ **Date:** _____

Parent/Guardian signature: _____ **Date:** _____