



Financial Aid Application

Arlington-Belmont Crew (AB Crew) is committed to making rowing accessible to student-athletes from all backgrounds, regardless of financial means. We aim to accomplish this goal by bridging the gap between what a family can afford and the actual cost of an AB Crew rowing season. We strive to do all that we can to help make this athletic opportunity possible. Aid is awarded without regard to race, color, or national or ethnic origin, and without regard for gender, sexual orientation or creed.

To assist in processing your request, please complete the form below. All applications are considered confidential and will be reviewed only by the Scholarship Committee (i.e., no coaches). These decisions will be based on demonstrated need and any other appropriate considerations. Applicants are expected to work in good faith with the AB Crew organization to determine the most appropriate level of aid, which may fall anywhere in the range of partial to full assistance.

Rower/Coxswain's Name _____

Program for which you are requesting aid: Varsity Boys Varsity Girls
 Novice Boys Novice Girls

This request is for Full or Partial aid (Please check one). If partial, note the amount requested.

Rower/Coxswain's Address: Street _____

Town _____ Zip _____

Phone _____ E-mail _____

(Needed as contact information for any questions regarding the application)

Occupation of Mother / Guardian _____

Occupation of Father / 2nd Guardian _____

Annual Income of Mother/Guardian _____ Annual Income of Father/2nd Guardian _____

Any Additional Sources of Income _____

Number of other (dependent) children in household _____



Additional Information

Please submit a brief written statement of need below. This is your opportunity to provide information pertinent to the decision which might not be captured on the form and should be considered before a financial aid decision is made. Examples of additional information to provide might include whether your child participates in a free/reduced lunch program at school, receives school athletic waivers for other sports, etc.

Signature of Mother/Guardian _____

Date _____

Signature of Father/2nd Guardian _____

Date _____

Send this completed form with appropriate supporting documentation to:

Melissa Brown
21 Finley Street
Arlington, MA 02474

Or, scan and e-mail this completed form and appropriate supporting documentation to:
melissawbrown@comcast.net.