



## Financial Aid Application

Arlington-Belmont Crew (AB Crew) is committed to making rowing accessible and affordable to student-athletes from all backgrounds, regardless of financial means. We aim to accomplish this 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. Need based aid is awarded without regard to race, color, or national or ethnic origin, and without regard to gender, sexual orientation or creed.

To assist in processing your financial aid request, please complete the form below. All applications are considered confidential and will be reviewed only by the Scholarship Committee only (i.e., no coaches). Applicants are expected to work in good faith with the AB Crew organization to determine the most appropriate level of aid. **Applicants may also be asked to provide a copy of their most recent 1040 tax filing as part of the review process.**

**Athlete Name:** \_\_\_\_\_

**Athlete Address:**

Street \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

**Program for which you are requesting aid:**

Varsity Boys  Varsity Girls  Novice Boys  Novice Girls

Season for which you are requesting aid (Fall or Spring and year) \_\_\_\_\_

This request is for  Full or  Partial aid (Please check one).

If partial, note the amount requested. \_\_\_\_\_



Parent/Guardian Name \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Income \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Second Parent/Guardian Name (if applicable) \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Income \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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 and should be considered before a financial 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 Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Second Parent / Guardian (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

Please send this completed form with appropriate supporting documentation to:

**Salpi Der Stepanian: 12 Becket Road Belmont, MA 02478**

**Douglas Rosner: 3 Valley Road Arlington, MA. 02476**

Alternatively, you can scan and e-mail this completed form and appropriate supporting documentation to:

**Salpi Der Stepanian: [salpi@abcrewteam.org](mailto:salpi@abcrewteam.org)**

**Doug Rosner: [doug@abcrewteam.org](mailto:doug@abcrewteam.org)**