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 and attach a copy of your most recent 1040 tax filing (with SSNs redacted). 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**.**

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:

Ginna Reeder: 79 Spy Pond Parkway, Arlington, MA 02474

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

Ginna Reeder: ginna@abcrewteam.org