Contact the B-CC Boosters po



**Financial Assistance**

B-CC Crew wants every student athlete who is serious about the sport of rowing to be able to participate fully on the team. If financial assistance is needed with any of the program costs outlined below, please complete this form in its entirety (2 pages) and contact the president of B-CC Crew Boosters, Inc. at president@bcccrew.org to arrange for secure transmission of the form. Please do this **BEFORE** registering on Regatta Central during the registration window for each season.

If B-CC Crew Boosters, Inc. awards an available scholarship to the athlete, you will receive a coupon code to use on the registration portal. All information will be kept confidential and may be shared on a name-blind basis with the certified public accountant for B-CC Crew Boosters, Inc.

The following provides the **approximate** costs of the B-CC Crew program:

• Fall Novice Rowing Dues: $350 per session

• Fall Varsity Rowing Dues: $700

• Winter Training Program (Novice and Varsity): $600

• Spring Rowing Dues (Novice and Varsity): $800

• Overnight Travel Regatta Fees (for selected boats/athletes only): $500 per regatta

• Annual Championship Level US Rowing membership: $45 per year

• Uniforms - approximately $125 (one time purchase at time of joining team)

**GENERAL INFORMATION**

Athlete(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Household Members\_\_\_\_\_\_\_

Parent 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 Occupation and Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 Occupation and Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family’s adjusted gross income for the past calendar year (as reflected on your IRS Form 1040—Line 37;

1040A—line 21; or 1040EZ—line 4): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the past calendar year, did anyone in the family receive:

Supplemental Security Income Yes \_\_ No \_\_

Temporary Assistance for Needy Families (TANF) Yes \_\_ No \_\_

Food Stamps Yes \_\_ No \_\_

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Yes \_\_ No \_\_

Free or Reduced Price School Lunch Yes \_\_ No \_\_

Please provide information regarding your financial circumstances that you believe should be considered

ABILITY TO CONTRIBUTE (Please complete for all seasons in which your athlete will participate on the team.)

1. \_ We can contribute: $ \_ for Fall Novice Rowing OR for Fall Varsity Dues

2. \_ We can contribute: $ \_ for Winter Training (Varsity or Novice)

3. \_ We can contribute: $ \_ for Spring Dues (Varsity or Novice)

4. \_ We can contribute: $ \_ for US Rowing Championship level annual membership and uniform

\*Parents of athletes receiving a scholarship/financial aid award must commit to full participation as a volunteer for B- CC Crew. Athletes receiving a scholarship/financial aid award are responsible for all fundraising requirements designated for team members (*e.g*., holiday and raffle sale fundraisers).

I certify that the foregoing information is true and correct to the best of my knowledge, information, and belief. I also understand that I may be asked to provide documentation regarding my financial circumstances.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_