



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. Applicants may be asked to provide a copy of their most recent 1040.

Athlete's Name: _____

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. _____

Athlete's Address:

Street _____

Town _____ Zip _____

Parent/Guardian Name _____

Occupation _____

Annual Income _____

Phone Number _____

Email Address _____

Second Parent/Guardian Name (if applicable) _____

Occupation _____

Annual Income _____

Phone Number _____

EmailAddress _____

Any Additional Sources of Income _____

Number of other (dependent) children in household _____

Additional Information

Please submit a brief written statement of need below (or in an attached document).

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 Parent / Guardian _____

Date _____

Signature of Second Parent / Guardian (if applicable) _____

Date _____

Send this completed form with appropriate supporting documentation to:
Douglas Rosner

3 Valley Road

Arlington, MA. 02476

Alternatively, you can scan and e-mail this completed form and appropriate supporting documentation to Douglas Rosner at dbrosner2@gmail.com.

Thank you.