

BSRA Youth Scholarship Application & Parent/Guardian Participation Form

Purpose:

 To allow every student in the Greater Buffalo area the opportunity to participate in Buffalo Scholastic Rowing Association (BSRA) programs regardless of household financial conditions.

Eligibility:

- Each request is considered on an individual, non-bias case.
- All scholarships are supplementary, limited to Dues only.
- Candidate must be under 19 years old before December 31st.

Scholarship Requirements:

- Families are required to participate in all program fundraisers (see list on page 2).
- ATTENDANCE IS MANDATORY for all scheduled practices and regattas.
- Parents/Guardians are encouraged to participate and volunteer/support activities (see App. Form).

Application Process

- 1. Complete the BSRA Scholarship Application Form.
- 2. Attach the following documents:
 - Parent/Guardian: tell us in writing why you are requesting scholarship support. Please specify which season
 and which Rowing Program you are applying for.
 - Candidate: Write a letter articulating what rowing means to you.
 - Parent/Guardian: Must sign Application Form and complete Parent/Guardian Participation Form.

Send completed application and required documents to:

Buffalo Scholastic Rowing Association c/o BSRA Scholarship Committee 405 Ohio Street Buffalo, NY 14204

Or

Email to mairead@rowbuffalo.com

Application Form

Candidates Na	me:		 	
Gender:	Age:	Date of Birth:		
School Candida	ate Attends:		Grade:	
Street Address:	· ·			
City/Town:		State & Zip):	
		ate in?		
		?		
How long have	you been rowing?			
Which BSRA R	owing Program are you	interested in?		
	opriate Rowing season ng □Summer □Fall	you are applying for:		
Candidate Sign	ature:		Today's Date:	

Parent/Guardian Participation Form

To be completed by Parent/Guardian (please print neatly).

☐ Equipment maintenance and repair

□ Other, explain: _____

Complete ALL of the following information and attach required documents. Completing a scholarship application does not register a candidate for the program. Please register at www.rowbuffalo.com. Candidate's Name: _____ Gender: _____ Age: ____ Date of Birth: _____ School Candidate Attends: Grade: Parent/Guardian Name: _____ Street Address: Town: _____ State/Zip: _____ Daytime Phone: _____ Evening or Cell Phone: Parent/Guardian email address: Signature of Parent/Guardian: Date: _____ As a scholarship recipient, we strongly encourage your support and volunteer time in any of these areas. Please let us know your availability and interest by checking the boxes below: □ Coordinating rides to and from practice ☐ Coordinating tent and site set up/break down at Regattas ☐ Helping at Head of the Buffalo Regatta □ Helping at Shamrock Row ☐ Helping at Launch: Annual Boathouse Fundraiser □ Coordinating transportation for Regattas □ Coordinating Outreach Activities □ Coordinating Learn-To-Row/Modified Sculling Regattas □ Coordinating a Team/Program Fundraiser □ Marketing & Publicity



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For Office Use Only		
Date Received:	Received by:	
Supporting documents a	attached, including:	
Verified for scholarship:	Denied:	
Approved by:		Date:
Notification Date:	 	