

**Ernestine Bennett Memorial Scholarship  
Application Form**

1. Name: \_\_\_\_\_  
(FIRST) (MI) (LAST)

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ 4. State: \_\_\_\_\_ 5. Zip: \_\_\_\_\_

6. Phone: \_\_\_\_\_ 7. E-mail: \_\_\_\_\_

8. Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 9. Sex: \_\_\_\_ M \_\_\_\_ F

10. Racial/Ethnic Origin (optional; check only one unless you are also Hispanic)

\_\_\_\_ American Indian or Alaskan Native    \_\_\_\_ Asian or Pacific Islander  
\_\_\_\_ Black    \_\_\_\_ White    \_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_ Also of Spanish/Hispanic Origin

11. School: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

12. Entering grade \_\_\_\_\_ *next* September.

13. Please specify the Sail Training Program for which financial assistance is requested:

\_\_\_\_\_

Dates of Program: \_\_\_\_\_

The Sail Training Program selected must be a current Professional Member of Tall Ships America *and* the vessel must be a US Coast Guard-Inspected Sailing School or Passenger Vessel.

14. On a separate sheet please write an essay (one or two pages in length) telling us about yourself and describing why you would like to participate in a sail training experience. Please include a description of the leadership qualities you possess that make you an excellent candidate for the program.

15. Please include with your application two letters of recommendation from an adult (not a family member) such as a teacher, coach, or employer in support of your application for this scholarship grant.

16. Please submit the following requirements to:  
Ernestine Bennett Memorial Scholarships  
Tall Ships America  
PO Box 1459  
Newport, RI 02840

Checklist:

- Completed Ernestine Bennett Memorial Scholarship Application \*
- Personal Statement
- Two Letters of recommendation
- A copy of a completed Sail Training Program Application
- Completed Financial Assistance Information Form, signed by parent/guardian

*\* Send the original scholarship grant application and supporting documents to the address above, send a photocopy to the Sail Training Program you have selected and keep one for yourself.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**After your sail training experience, please send your completed program evaluation to:**

**Tall Ships America  
PO Box 1459  
Newport, RI 02840 USA**

**Ernestine Bennett Memorial Scholarship**

**CONFIDENTIAL -- Financial Assistance Information Form**

*(To be completed by parent or legal guardian)*

1. Name of Parent or Legal Guardian: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ 4. State: \_\_\_\_\_ 5. Zip: \_\_\_\_\_

6. Phone: \_\_\_\_\_ 7. E-mail: \_\_\_\_\_

8. Reported family income before deductions last IRS filing: \$ \_\_\_\_\_  
( Please attach your supporting parent's latest Federal Tax Return.)

9. Number of family members, including parents and children: \_\_\_\_\_

10. Since last year, was your income reduced? \_\_\_\_ Yes \_\_\_\_ No

Please explain: \_\_\_\_\_

11. \*Complete only if your income was reduced in the past year

Present Monthly Income: \$ \_\_\_\_\_

12. How much financial assistance are you requesting \$ \_\_\_\_\_

13. Total cost of Program: \$ \_\_\_\_\_

14. Please itemize all financial aid that is going towards your Program and what portion you are funding: (use separate sheet if necessary)

15. Provide below any other information that might be helpful in determining financial need or explaining extenuating circumstances:

I understand that financial support by Tall Ships America of my child's participation in no way implies endorsement or a guarantee of safety on behalf of any Sail Training Program. I understand that activities on the water carry some risk, and that I have examined the operations of the Sail Training Program to the degree that I am comfortable in bearing responsibility for that risk.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# **Tall Ships America Sail Training Experience Evaluation**

(To be completed by Individual Scholarship Recipient upon completion of program)

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

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Program:** \_\_\_\_\_

**Sail Training Program:** \_\_\_\_\_

**Name of Vessel:** \_\_\_\_\_

Tall Ships America is interested in your evaluation of your sail training experience.

Please write an essay describing your experience. Essays must be typed.

Submission of photos, stories, logs, artwork, poetry, etc. implies your permission to include these in our publications or media releases.

Mail or fax to: Tall Ships America, PO Box 1459, Newport, RI 02840, fax (401) 849-5400