Upper Arlington Crew, Inc.

Financial Assistance Application

Upper Arlington Crew, Inc. recognizes that crew is an expensive sport. Crew participants and their families pay fees that are used for operating expenses, equipment purchases along with maintenance /repair, and regatta expenses (hotel fees, bus transportation, food, crew apparel, and event registration). During the Spring season, crew families must also pay the UAHS athletic fee.

The Trustees of UA Crew, Inc. have established the Financial Assistance Program to give athletes who are financially challenged the opportunity to participate in crew. This program is funded by the generosity of contributions primarily from the annual Haxton Invitational and is limited to funds available.

Applications for Financial Assistance must be submitted each season, Fall and Spring, in which it is requested, but may be submitted each season in which the athlete participates through their high school career. Each application must include information sufficient to support an evaluation of financial need. Applications are intended to be completed by athletes' parents/guardians and to address those parents'/guardians’ financial situation. You should not expect that funds will be available every year since funds are based upon donations to UA Crew or that approval for financial assistance once season will qualify an applicant for approval in another. All grants are at the sole discretion of the Board of Trustees.

UA Crew can award up to $300 toward an athlete to defer the registration fee due in the season it is requested. Assistance is in the form of a credit towards the registration and equipment fees due in the season in which for which it was applied and not a cash award. All applications for financial assistance must be received prior to the due date of the registration and equipment fees for the season in which it is being requested. The assistance DOES NOT apply to the athletics fee charged by Upper Arlington High School, which for crew is due in the spring. *Please contact the UAHS Athletic Office if you have any questions regarding the UAHS athletic fee. Please note that UAHS may consider waiving the fee in cases of need in accordance with their own rules and standards.* To enable Upper Arlington Crew Inc. to assist more athletes, please limit your request for assistance to what is truly needed.

To request financial assistance, please complete the below application and submit it to treasurer@uacrew.org. Upon receipt of your application, the request will be presented to a committee composed of members of the Board of Trustees. Each application and request for assistance will be kept confidentially and only disclosed to members of the Board of Trustees; however a record of all grants will be maintained in the books and records of UA Crew for legal and historical purposes. The committee will evaluate each request on their own merit, but will consider, among others, the following factors in their deliberations:

* Total money available to the Financial Assistance Program
* Total requests received
* Total dollar amount of all requests
* Number of athletes in the family
* Family financial situation
* The athletes and athlete’s family completion of volunteer hours to UA Crew

If the amount awarded is not sufficient to pay the total registration and equipment fee, the remaining amount shall be due and payable no later than the due date stated on the invoice or communicated by UA Crew. No athlete will be permitted to participate or attend practice until the entire registration fee is paid in full and the amount due by on the invoice sent by UA Crew will reflect the total of any grant. Requests for financial assistance should be submitted the date of Meet the Team for the season in which the application has been presented.

Recipients of a grant are expected, in addition to paying all other fees not covered by the grant to and the required per family volunteer commitment, to provide a minimum of 40 hours of additional volunteer service to UA Crew in the season in which the financial assistance is granted.

Payment Plans: In an attempt to further assist an athlete and their family, UA Crew offers a payment plan to those families in need to help spread out the regatta fees. All requests for payment plans must be submitted to the treasurer of UA Crew who has full authority to approve or deny such arrangements. No athlete will be permitted to attend a regatta or board any bus for a regatta unless and until the regatta fees are deemed current by the UA Crew Treasurer. To request to pay regatta fees payment plan arrangement please complete the application and submit it to treasurer@uacrew.org.

Upper Arlington Crew, Inc.

Financial Assistance Application

*To Be Completed By Parents/Guardians*

Athlete's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s (Parent/Guardian) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete’s Grade: 9 10 11 12

Number of Completed Seasons of Rowing: 1 2 3 4 5 6 7 8

Does the family currently have other children participating in crew this season? Yes No

 If Yes, Who(m): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many are in your household, including yourself and your athlete(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did or does the athlete work? Yes No | If Yes: Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Long: \_\_\_\_\_\_\_\_

Does the athlete contribute financially toward his/her crew-related costs? Yes No

Has athlete’s family signed up to volunteer at UA Crew this season? Yes No

 If No, please visit the www.UACrew.org website to sign-up for a volunteer spot.

 (Families are expected to volunteer for a minimum of 2 spots per athlete per season)

Has a parent/guardian of the athlete served on a committee or been a trustee of UA Crew? Yes No

 If Yes: Who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When: \_\_\_\_\_\_\_\_\_

Please explain your reason for requesting financial assistance this season, provide any details you feel will help the review committee in understanding your need for assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Hcw you previously received financial assistance from UA Crew? Yes No

 If Yes: Last Season and Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We, the parent/guardian request financial assistance in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_ to be applied to the registration and equipment fee of our athlete named above for the current rowing season. Should financial assistance be granted I/we commit to provide, in addition to the family volunteer requirement, to provide at least an additional 40 hours of volunteer time to UA Crew.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(For Committee Use Only)

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Season: \_\_\_\_\_\_\_\_\_ First Time Request: Yes No #Prior: \_\_\_

Volunteer Req. Met Yes No Approved: Yes No Amount awarded: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*While UA Crew, Inc. hopes that financial need will not preclude an athlete from being able to participate; applicants should not anticipate that financial assistance will be provided over the course of the athlete's entire career or for repeated seasons. Our limited resources will be allocated as credits against an athlete's account balance, and in no case will cash be paid directly to the athlete or their family.*

Upon completion of the form, please send to: Or you may mail to:

 UA Crew Treasurer P.O. Box 211086

treasurer@uacrew.org Upper Arlington, Ohio 43221

Upper Arlington Crew, Inc.

Payment Plan Request

I/We hereby request a payment plan for regatta fees. I request to pay the regatta fees in:

 \_\_\_ number of equal installments of the total anticipated regatta fees.

The UA Crew Treasurer will invoice the total regatta fees in accordance with UA Crew policy and, if this request is accepted, will report the amount of each payment and the date on which each shall be due.

Should my athlete be included in a select regatta, I/we request to pay the select regatta fees in:

\_\_\_ number of equal installments based upon the total anticipated select regatta fees.

We request to pay the installments on the: \_\_\_ day of each month without notice or invoice.

The UA Crew Treasurer will invoice the total regatta fees in accordance with UA Crew policy and, if this request is accepted, will report the amount of each payment and the date on which each shall be due.

Failure to make timely payments in the amount directed, shall result in our athlete(s) not being permitted to participate in the regatta.

Agreement to Pay in Full

All payment shall be made payable to Upper Arlington Crew, Inc. and either hand delivered to the Treasurer of UA Crew of mailed so as to be received on or before the date due to P.O. Box 211086, Columbus, Ohio 43221.

I/we agree that should I/we fail to make a payment in the amount an on or before the date on which it is due, the entire amount will become immediately due and payable, without notice, along with interest at the ten percent (10%) per annum until paid in full, along with all costs to collect, including reasonable attorney fees where permitted.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upon completion of the form, please send to: Or you may mail to:

 UA Crew Treasurer P.O. Box 211086

treasurer@uacrew.org Upper Arlington, Ohio 43221

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(For Committee Use Only)

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Season: \_\_\_\_\_\_\_\_\_ First Time Request: Yes No #Prior: \_\_\_

