

Application for Florida Commodores Association Foundation, Inc 2019 Youth Sailing Grant Program

Club .	Name:								
Addro	ess:								
City:		State	:	Zip:					
Club '	Telephone:								
Name	of 2019 Commodore:								
Comn	nodore's Email Address:								
Sailin	g School Designee:								
Design	nee's Email Address:								
		<u>Inform</u>	ation:						
1. How many youth sailing programs do you run annually?									
	Months offered:								
2.	How many youths in your progr	ram (all classes)	?						
	8–12 years 12	2–16 years							
3.	Is your program open to non-me	embers of your	Club? Ye	es No					
4. How many years has your youth sailing program been running?									
5.	5. What is the average number of youth sailors in your program annually?								
6.	6. If you already have scholarships, how many do you award annually?								
7.	Are your course instructors:	On Staff	Outside/Paid	l All Volunteer					
8.	How many training levels in you	ır program:	Beginners	Intermediates	Advanced				

9.	What is the cost of your sailing school?									
	Beginners:	Intermediate:	Advance	d:						
10.	10. How many students participate in your club's racing program after attending									
	sailing school?									
11.	Do you have any "Olympic	hopefuls" in training in your	club?	Yes	No					
12. If so, can you share their names and competition level?										
	Additional Comments:									
	2019 Club Commodore		Da	ate						

Florida Commodores Association Foundation

P.O. Box 1626 - Niceville, Florida 32588-1626

www.fcafoundation.org e-mail: email@fcafoundation.org

A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll free (800-435-7352) within the state. Registration does not imply endorsement, approval or recommendation by the state. (Registration #Ch41734)