

New Bedford Yacht Club Foundation

Grant Request Form



NBYCF provides grants to junior sailors (who are under the age of 18 at the time of the event) affiliated with, or local to, NBYC, who demonstrate consistent participation and achievement in sailing, as well as sportsmanship and integrity. To request a grant from NBYCF please fill out this form below, and submit to NBYCFoundation@gmail.com, or to any of its directors, or to the NBYC office.

Contact Info

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Member of US Sailing? (Please circle one) YES NO

Parent or Guardian's name: _____

Comments: _____

Registration Info

Event Name: _____

Event Date(s): _____

Event Location: _____

Boat Type: _____

Skipper Club: _____

Crew 1: Club: _____

Crew 2: Club: _____

Crew 3: Club: _____

Comments: _____

Estimated Total Cost

Entry Fee: _____ Transportation: _____ Housing: _____ Meals: _____

Charter Fee: _____ Other: _____

Total Amount Requested: _____

Date Grant Request was Received: _____

Rev D July 21, 2022

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Comments: _____

Open Responses (please use an additional page)

1. Please tell us a about your prior sailing experience and your accomplishments
2. Please describe why this event and this grant is important to you.

Reference Please provide at least 1 personal reference, preferably a sailing coach.

Reference name: _____

Relationship to reference: _____

Reference email: _____

Reference phone: _____

THE UNDERSIGNED HEREBY WAIVES AND RELEASES NBYC and NBYCF, INCLUDING ITS DIRECTORS, OFFICERS AND MEMBERS FROM ANY RESPONSIBILITY OR LIABILITY ARISING OUT OF THE USE OF ANY FUNDS GRANTED TO THE UNDERSIGNED. THE UNDERSIGNED AGREES TO INDEMNIFY, DEFEND AND HOLD NBYC AND NBYCF HARMLESS FROM AND AGAINST ANY LOSS, ACTIONS, CLAIMS, EXPENSES OR LIABILITY ARISING FROM THE USE OF ANY SUCH FUNDS GRANTED.

Please initial here if fully agree: _____

If applicant is granted funds, he/she agrees to use such funds for the intended purpose. If for any reason the recipient(s) are not able to attend said event, all grant monies are to be returned to NBYCF.

I understand the above language and I agree to be bound by it.

Please initial here if fully agree: _____

I agree to write an article for publication and website inclusion for the Foundation regarding my use of the grant and the event that I attended. I will also provide photographs for an article and website use.

Please initial here if fully agree: _____

Signatures

Applicant: _____ Name Printed: _____

Parent or Guardian: _____ Name Printed: _____

Parent or Guardian Address (if different than above): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date Grant Request was Received: _____

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