

APPLICATION FOR FINANCIAL AID

___ GOAL ___ YLC

APPLICATION GUIDELINES & REQUIRED MATERIALS

We are proud to award a limited number of reduced application fees to deserving students applying to GOAL / YLC who demonstrate financial need. Financial aid awards are limited and awarded on a first-come, first-served basis to deserving students with complete applications. Contact us if you have questions regarding student eligibility. All information collected and amount of monies awarded are kept confidential between Chesapeake Bay Outward Bound School and the recipient. Financial Aid awards are not transferrable to courses other than that specific on the application. You will be notified within one week of returning this application, by phone and/or email when a financial aid eligibility decision has been made. Application fees are only retained for students who earn scholarship.

We require the following in order to be considered:

1. **This completed, two-page application:** Please fill the form out completely. This form must be completed by a parent / guardian who may be asked to provide tax or other supporting documents to ensure all information is accurate.

Student Name: _____ Date: _____

Parent Guardian Name(s): _____

Parent / Guardian Phone#: _____ Email: _____

Course Title: _____ Start: _____ End: _____

By marking the boxes below, I (we) declare that the information provided is true and complete. I (we) understand that any financial aid decision is confidential information privy only to members of my (our) financial support system and Chesapeake Bay Outward Bound School. No personal financial information or scholarship awards are to be discussed or shared by the student or organization with a third party.

Student Agrees: Parent Agrees:

2. **Personal statement from parent / guardian, maximum 300 words:** Include an explanation of why you are requesting aid; explain any unusual expenses or financial / personal circumstances you feel are relevant, including receipt of any other need-based awards.

MAIL OR FAX PRINTED FORMS TO:

scholarships@outwardboundchesapeake.org | P 410.448.1721 | F 410.298.3822 | 1900 Eagle Drive, Baltimore, MD 21207

Primary Parent / Guardian Name: _____



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Secondary Parent / Guardian Name: _____

_____ Check if in separate household

	PRIMARY	SECONDARY
ANNUAL INCOME		
Salary before taxes		
Interest / Dividends		
Support / Unemployment		
Other Income		
<i>TOTAL</i>		

ANNUAL EXPENSES / LIABILITIES		
Rent		
Mortgage(s)		
Living Expenses		
School / Child Care		
Credit Card Payment		
Bank Loan Payment		
Auto Loan Payment		
Other Loan Payment		
Other Annual Bills		
Combined Taxes		
<i>TOTAL EXPENSES</i>		

NET INCOME		
<i>TOTAL INCOME MINUS TOTAL EXPENSES</i>		

Has or will the applicant lived with the primary custodial parent / guardian for at least 6 weeks in 2024? ___ YES ___ NO

Did or will the applicant's parent / guardian(s) claim them on their 2024 tax return? ___ YES ___ NO

List any additional claimed children or dependents in the primary custodial household below

Name	Age	Circumstances

Please explain additional unusual expenses, sources or decreases in income, travel expenses, special or changing circumstances in parent/guardian 'personal statement' on an additional page and submit with your application. Supporting documentation, including tax returns or income verification is not required by may be requested.

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