

**BYC MARITIME SCIENCES AND SEAMANSHIP FOUNDATION
FUNDING APPLICATION**



APPLICANT AND EVENT INFORMATION

Applicant's Name _____ Contact Phone _____
 Address _____ Applicant's Age _____
 _____ E-Mail _____
 Name of Event _____ Event Dates _____
 Type of Event Challenge Event Junior Event Match Racing Event Team Racing Clinic
 Applicant Is Skipper Crew BYC Member? Team will be Representing _____
 If BYC Crew, Skipper Name: _____ Yacht Club _____
 Event Location _____ Sponsoring Club _____
 Boat Type _____ Number of Expected Boats in Fleet _____
 Benefits of Attending this Event _____
 Other Funding Applied For: _____
 Funding Source: _____ Date of Application: _____ Anticipated Amount: _____
 Funding Source: _____ Date of Application: _____ Anticipated Amount: _____

Additional Crew Information

Crew 1: _____ Yacht Club _____
 Crew 2: _____ Yacht Club _____

(List any additional crew on a separate sheet)

| EVENT EXPENSE INFORMATION | | | | |
|--|-------------|--------------------|---------------------|-----------|
| FUNDING PRIORITIES | DESCRIPTION | ESTIMATED EXPENSES | RECOMMENDED SUPPORT | |
| | | | \$ | % |
| 1 Boat & Event Charter Fee Entry Fee Insurance Coaching | Details: | \$ | \$ | % |
| | | | | % |
| | | | | % |
| | | | | % |
| 2 Travel Expenses Airfare Other Travel Costs | Details: | \$ | \$ | % |
| | | | | % |
| 3 Transportation Boat Delivery | Details: | \$ | \$ | % |
| | | | | % |
| 4 Lodging (excluding food) | Details: | \$ | \$ | % |
| 5 Other Costs | Details: | \$ | \$ | % |
| TOTAL ESTIMATED EXPENSES | | \$ | \$ - | 0% |

FUNDING REQUEST

Amount Requested in Foundation Funding: \$

I agree to provide a complete regatta report following this event.

Applicant Signature _____ Date _____

Attach Notice of Race or Event Notice and any other supplementary information, address to BYC Rear Commodore, and deliver to BYC office.

RECOMMENDATION

Recommended Grant Amount : \$

Junior Activities Chair (if applicable) _____ Date _____ BYC Rear Commodore _____ Date _____