



Hudson River Sloop Clearwater, Inc
 724 Wolcott Avenue P: 845 265 8080
 Beacon NY 12508 F: 845 831 2821

Notes: (office use only)

APPLICANT Information

Last _____ First _____	Home # () _____
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Cell # () _____
Age _____ DOB ____/____/____	Other # () _____
Address: _____ Apt. _____	Email: _____@_____
City _____ State _____ Zip _____	Language spoken at home? _____

PARENT / GUARDIAN

Last _____ First _____

Address: _____ Apt. _____

City _____ State _____ Zip _____

Occupation _____

Name of Business _____

Home # () _____

Cell # () _____

Other # () _____

Email: _____@_____

PARENT / GUARDIAN

Last _____ First _____

Address: _____ Apt. _____

City _____ State _____ Zip _____

Occupation _____

Name of Business _____

Home # () _____

Cell # () _____

Other # () _____

Email: _____@_____

20-Day Programs Tuition \$2195
 Please indicate first and second choice.

The sloop Clearwater, Backpacking, Rock Climbing, Kayaking, and Native American Canoe Experience

___ **Session 1: Sunday, 7/8 - Friday, 7/27, 2012**

___ **Session 2: Sunday, 8/12 - Friday, 8/31, 2012**

5-Day Single Element Programs (Monday – Friday) Tuition \$550
 Please indicate first, second and third choice.

July Program Sessions	August Program Sessions
___ 1: Canoeing 7/9-13	___ 4: Canoeing 8/13-1
___ 2: Hiking 7/16-20	___ 5: Hiking 8/20-24
___ 3: Kayaking 7/23-27	___ 6: Kayaking 8/27-31

**Only 12 slots available in each session.
 20% off for each additional session (no scholarships available)**

Payment Information: Please mail checks payable to:
 Clearwater Inc.
 724 Wolcott Avenue
 Beacon NY 12508

For Credit Card Payment (call)
 Scholarship - please include a nonrefundable application fee of \$25 (form on back)
 Sponsored by organization _____

Refund/Cancellation Policy:
 Student cancellation for any reason prior to program start:
 60 days or more - 100% tuition refunded
 30 to 59 days - 50% tuition refunded
 15 to 29 days - 25% tuition refunded
 Fewer than 15 days - no tuition refunded; no tuition transfer

Medical Rejections- all tuition paid is fully refunded
Clearwater Program Cancellations- all tuition and fees paid are fully refunded

Clearwater cannot make exceptions to any of its stated policies for any reason, including personal emergencies, weather or illness. We will not be responsible for any other cost including travel, medical fees or clothing.

My signature below indicates a genuine desire on my part to participate in a Clearwater program, and an understanding of its challenging nature. I have read and accepted the terms of payment and the terms of the refund policy. I understand that final acceptance for this program is dependent on the approval of my Medical Form and I accept that if I fail to meet payment schedules I could forfeit my place in the program.

 Applicant's Signature Date

 Parent or Guardian Signature Date



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Scholarship Application

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Estimate of Need

- A. \$ _____ Program Tuition
- B. \$ _____ Maximum Amount You Can Provide (including aid from other sources)
- C. \$ _____ Minimum Amount Need

Income information

Annual Income	Parent/Guardian	Parent/Guardian 2
Salary before Taxes	_____	_____
Other income	_____	_____
Support	_____	_____
Total income	_____	_____

Annual Expenses

Rent/Mortgage	_____	_____
Living Expenses	_____	_____
Other Annual Bills	_____	_____
Combined Taxes	_____	_____
Total Expenses	_____	_____

Debts

Mortgage (S)	_____	_____
BANK Loans (all)	_____	_____
Other Loans	_____	_____
Credit Card Debt	_____	_____
Total Debt	_____	_____

Additional Children in Family

Name _____ Age _____ School _____ Annual Cost of Education _____
 Name _____ Age _____ School _____ Annual Cost of Education _____
 Name _____ Age _____ School _____ Annual Cost of Education _____

Please include a nonrefundable scholarship application fee of \$25 with this form.

Personal Scholarship statement

Please use a separate piece of paper to briefly describe why you are requesting a scholarship. Please include your situation and any unusual expenses or circumstances that you feel should be known to the scholarship committee. Include any information on the other children in the family, what school(s) they are attending and if any financial aid has been awarded. I (we) declare that the information provided is true and complete.

 Parent or Guardian

 Date