



Norwalk River Rowing Association Financial Assistance Request Form

Date: _____

Student Applicant's Name: _____

Parent/Guardian Name (*if applicant is under 18 years of age*): _____

Address: _____

Phone: _____ Email: _____

The Matthew Zucker Memorial Fund: The Matthew Zucker Memorial Fund (MZMF) provides financial assistance for eligible youth athletes based on demonstrated financial need to defray a portion of the cost of Norwalk River Rowing Association (NRRA) program fees. All youth members of the NRRA are eligible to be considered. Previous rowing experience is not required.

Applicants must complete the MZMF application packet each season. For first-time applicants, if the MZMF Committee determines that the applicant and his/her family demonstrate financial need, the Committee will schedule an interview with the applicant and his/her parent/guardian. This interview may be also required for subsequent applications, at the Committee's discretion. The level of financial assistance granted will be determined by the Committee only upon completion of all portions of the application. Generally, families of four making more than \$100,000 are not granted full or partial awards. If you feel you have extraordinary circumstances, please communicate this in your application.

All applications are kept confidential and will be reviewed only by the MZMF Committee. The Committee makes awards based primarily on financial need, applicant interview, and active volunteer/outreach participation. All MZMF recipients and their parents/guardians are expected to participate fully in rowing, volunteering, outreach, and other activities sponsored by NRRA.

MZMF Financial Assistance Application Checklist:

Financial Assistance Request Form completed accurately *in its entirety*, including:

____ Completed Student Application

____ Completed Parent/Guardian Application

By signing below, I/we submit that all information included in this application is accurate. Inaccuracies or failure to participate in required rowing, volunteering, outreach, and other NRRA sponsored activities may result in future ineligibility.

Please return this application packet at least two weeks prior to the start of NRRA program under consideration.

Forms may be dropped off in the office, emailed to mzmf@norwalkriverrowing.org or mailed to:
Matthew Zucker Memorial Fund Committee
Norwalk River Rowing Association
1 Moodys Lane, Norwalk CT 06851

Student Applicant's Signature: _____ Date: _____

Student Applicant's Name: _____

Parent/Guardian Signature (*if applicant is under 18 years of age*): _____

Parent/Guardian Name (*if applicant is under 18 years of age*): _____



**Norwalk River Rowing Association
Financial Assistance Request Form**

Student Application (to be completed by the student athlete)

Date: _____

Student Applicant's Name: _____

1. The MZMF Committee assumes you are a full-time student. Other than rowing, what other activities have you participated in at school or in your community during the last three years (e.g.: honor society, theater/music programs, clubs, sports, jobs, community service, youth groups, etc.)? Please provide details on the activity, organization, dates of participation, activities performed and approximate number of hours/week for each activity.

2. What is your anticipated High School graduation year? _____

3. What do you hope to gain from participating in an NRRRA program?

4. On a separate sheet of paper, please write a 750 character (max) statement/essay about what rowing means to you or why you want to participate in the sport. This statement is an opportunity to provide information about you to the MZMF Committee to allow them to get to know you better.

Applicant Certification: Review this form and be certain you have responded accurately to all items. By signing below you certify all information provided is true, complete, and accurate to the best of your knowledge. If requested, you agree to provide additional verification of any information provided. Falsification of information, withholding facts, or circumstances that would change the consideration of your application may result in ineligibility for financial assistance. Further, by signing this application, you acknowledge that you have carefully read the criteria and checklist. If your application is received late or is incomplete, your application may not be considered, at the Committee's sole discretion.

Student Applicant's Signature: _____ Date: _____

Student Applicant's Name: _____

Parent/Guardian Signature (if applicant is under 18 years of age): _____



Norwalk River Rowing Association Financial Assistance Request Form

Parent/Guardian Application

Date: _____

Student Applicant's Name: _____

Parent/Guardian Name (if applicant is under 18 years of age): _____

1. What is the amount of assistance you are requesting? \$ _____
2. For which season are you applying for financial assistance?
Varsity Racing Team: ___ Fall ___ Spring
Novice Racing Team: ___ Fall ___ Spring
Development Team: ___ Fall ___ Spring
3. What is your total household income from all sources including, but not limited to, salaries, wages, bonuses, commissions, tips, investments, child support, alimony, etc. This information will be kept strictly confidential. \$ _____
4. How many people are in your household (include all adults and children)? _____
5. Please attach the following required financial information*:
 - Form 1040 (page 1 and 2) of most recent completed and filed Federal tax forms
 - All other financial documentation including, but not limited to, salaries, wages, bonuses, commissions, tips, investments, child support, alimony, non-custodial parental contributions to activities, etc.
 - Detailed explanation of extenuating financial circumstances, if needed.

** Note: if parents are divorced, the MZMF Committee may require additional financial documentation from the non-custodial parent*

6. If the student applicant is under 18, does he/she meet the Federal Eligibility Income Guidelines for free or reduced lunch?
___ Yes ___ No
If yes, please provide a copy of the eligibility letter.

Applicant Certification: Review this form and be certain you have responded accurately to all items. By signing below you certify all financial and personal information provided is true, complete, and accurate to the best of your knowledge. If requested, you agree to provide additional verification of any information provided. Falsification of information, withholding facts, or circumstances that would change the consideration of your application may result in ineligibility for financial assistance. Further, by signing this application, you acknowledge that you have carefully read the criteria and checklist. If your application is received late or is incomplete, your application may not be considered, at the Committee's sole discretion.

Parent/Guardian Signature (if applicant is under 18 years of age): _____

Parent/Guardian Name (if applicant is under 18 years of age): _____