



# Maritime Adventure Boat Camp Tuition Assistance Program

Thank you for your interest in SUNY Maritime College Maritime Adventure Boat Camp's Tuition Assistance Program. Diverse students, staff and on-the-water experiences enrich everyone. Young people interested in getting out on the water this summer, who may not otherwise have the resources to participate, are chosen for this opportunity through our Tuition Assistance Program. Please carefully read the following instructions and complete the steps below.

## How to Apply

- All applicants must email [waterfront@sunymaritime.edu](mailto:waterfront@sunymaritime.edu) to reserve a space in a specified session (1,2 or 3) and indicate "Tuition Assistance Application- (Your Last Name)" in the subject of the email.
- Completed Tuition Assistance Applications must be received by March 1<sup>st</sup>, 2017
- Please read the Frequently Asked Questions section of this document (below) thoroughly before applying
- Limited need based aid is available on a first come, first served basis
- Largest award is 75% of tuition though most awards do not exceed 25%
- Please allow 30 days for decision
- If assistance does not meet your need, you may rescind your registration within in one week of being notified of the tuition assistance award
- The parent(s)/legal guardian(s), who is financially responsible for the camper, should complete the two page application below

**Scan and E-mail to:** [Waterfront@sunymaritime.edu](mailto:Waterfront@sunymaritime.edu) with the subject line "Tuition Assistance Request- (Your Last Name)"

**Or**

**Mail:**

Rob Crafa, Waterfront Director  
SUNY Maritime College  
6 Pennyfield Avenue  
Bronx, NY 10465

# Frequently Asked Questions

## Is my child eligible to apply?

All Applicants must be:

- Entering fifth through ninth grades (generally 10 – 14 years old at the start of camp)
- Able to attend camp for an entire two week session. Campers are not permitted to arrive late or leave early
- Physically, mentally and willingly capable of participating fully in the camp program
- Able to demonstrate financial need based on the application and most recent IRS tax return

Campers will be accepted without regard to race, creed, color, national origin, nationality, ancestry, sex, or sexual orientation.

## If my child qualifies, will they definitely receive an award?

No. Not all eligible applicants will receive tuition assistance as funds are limited. The award selection process is expected to be very competitive. Awards vary based on funding and range from 10%-75% of the tuition. Awards are based on financial need, available funds, and previous assistance awarded to the family.

## How are applicants chosen?

Tuition Assistance awards are based on: 1) interest and involvement in the program, 2) potential for growth and development, 3) financial need, 4) background and experience which will broaden the cultural diversity of the program, 5) space availability and previous attendance at Boat Camp. Priority is given to applicants who are new to the program or are returning for their second summer.

## Who decides if my child is chosen for an award?

Recommendations for awards are made by Waterfront staff based on the qualifications and criteria listed above.

## When will I find out if my child is chosen for an award?

Tuition Assistance Applicants will be notified by e-mail by April 14th. If there is limited space or funding, your child may be placed on a waiting list. Notifications will be sent through e-mail, so please provide an accurate e-mail and mailing address.

## If I want to apply for partial tuition assistance, should I go ahead and register my child to reserve a space?

Yes. You may register your child to reserve a space. When you register indicate “Tuition Assistance Applicant-Your Last Name” and submit the completed Tuition Assistance Application within two weeks via email to [waterfront@sunymaritime.edu](mailto:waterfront@sunymaritime.edu).

## If chosen for an award, will I have to pay any additional money?

Yes. Awards range from 10% to 75% of the total cost of a session. If chosen for any type of award, we will ask you to pay a 50% deposit of the *discounted* tuition to secure your child's space and commit to the program. The remaining 50% of the tuition will be due June 1<sup>st</sup>.

## Is transportation provided to and from camp?

No. The MTA does operate the BX40 bus directly to campus.

Still have questions? Email [waterfront@sunymaritime.edu](mailto:waterfront@sunymaritime.edu)

# Maritime Adventure Boat Camp Application for Tuition Assistance

## 1. Applicant Information

Participant Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

## 2. All Persons Living in the Household

Place a check mark for each family member applying for assistance

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Other dependent(s) \_\_\_\_\_ Age(s) \_\_\_\_\_

## 3. Please provide the following documents and information

### A. Did you file federal taxes for last year?

**YES, I will supply the following:** (If NO, skip to next question.)

1040 Federal Tax Form(s) for all incomes in household

I am an individual filing jointly; I am providing one 1040 form

We filed MORE THAN ONE tax form in our household; We are providing \_\_\_\_ 1040 forms

TOTAL ANNUAL INCOME: \$ \_\_\_\_\_

**NO, I did not file federal taxes for last year.** Please supply:

Documents showing the most recent 90 days of income. Include paystubs, or documentation of government assistance.

**B. Supply supporting documents for all of the following that apply.** Mark “N/A” if not applicable to you.

- Government Assistance (i.e. DSS, Social Security, etc.)
- Mortgage Statement/ Rental Agreement
- Insurance Assistance (i.e. Disability, Medicare/Medicaid)
- Other income (i.e. Child Support; other benefits)

**C. Complete the Income/Expense Worksheet** (next page).

Copy totals from the work sheet:

TOTAL MONTHLY INCOME \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

**D. Tell us more.**

Attach a letter stating your need, providing any additional information that may be relevant, and/or explaining any extenuating circumstances that were not included on this application. 1000 words MAX.

Attach a letter written by your camper explaining why they would like to participate in the Maritime Adventure Boat Camp. 1000 words MAX.

**4. Signature**

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that tuition assistance is based on need. I will make every effort to have my child attend. In the event that I or my children must cancel our participation, I will contact SUNY Maritime College immediately so tuition assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

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*Signature*

**Date**

# Monthly Income/Expense Worksheet

## Monthly Income

Gross Monthly Wages (before taxes)	\$ _____
Spouse's Monthly Wages (before taxes)	\$ _____
Business Income/ Capital Gain	\$ _____
Unemployment Compensation	\$ _____
Aid for Dependent Children	\$ _____
Social Security	\$ _____
Food Stamps	\$ _____
DSS/ Public Assistance	\$ _____
Disability Insurance	\$ _____
Pension/ Retirement Funds/ Annuities	\$ _____
Other (please explain)	\$ _____
Other (please explain)	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>

## Monthly Expenses

Mortgage/Rent	\$ _____
Fuel	\$ _____
Car/Insurance	\$ _____
Groceries	\$ _____
Utilities	\$ _____
Phone/Cellular	\$ _____
Child Support/Alimony	\$ _____
Medical Bills	\$ _____
Cable/Internet/ TV	\$ _____
Student Loan/ Tuition/ Credit Card	\$ _____
Child Care	\$ _____
Other (please explain)	\$ _____

**Total Monthly Expenses**

\$ \_\_\_\_\_

**For Office Use Only:**

Approved:

YES

NO

Tuition Assistance: \_\_\_\_\_%

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

***AWARD LETTER VALID FOR 30 DAYS***