

**Henry H. Anderson, Jr. Sail Training Scholarship  
Application for Group Financial Assistance Grants**

1. Name of Group or Institution making application:

\_\_\_\_\_

2. Contact Person: \_\_\_\_\_  
(FIRST) (MI) (LAST)

3. Title/Relationship to Group: \_\_\_\_\_

4. Contact Address: \_\_\_\_\_

5. City: \_\_\_\_\_ 6. State: \_\_\_\_\_ 7. Zip: \_\_\_\_\_

8. Phone: \_\_\_\_\_ 9. E-mail: \_\_\_\_\_

10. Please specify the Sail Training Program for which financial assistance is requested:

\_\_\_\_\_

The Sail Training Program selected must be a current Organizational Member of Tall Ships America *and* the vessel must be a US Coast Guard-Inspected Sailing School or Passenger Vessel.

There are many groups who need supplementary funding in order to participate in sail training and sea education programs. Financial assistance will be judged on the following criteria. Please write a brief statement under each category that accurately describes your group of participants. You may also include additional documentation supporting your application for financial assistance.

11. Average age and grade level of your group: \_\_\_\_\_

12. Number of Participants: Male \_\_\_\_\_ Female \_\_\_\_\_

13. Racial/Ethnic Origin (optional) - What **percent** of the application group are:

\_\_\_\_\_ % American Indian or Alaskan Native \_\_\_\_\_ % Asian or Pacific Islander

\_\_\_\_\_ % Black \_\_\_\_\_ % White \_\_\_\_\_ % Other \_\_\_\_\_

\_\_\_\_\_ % Also of Spanish/Hispanic Origin

14. Does the application group attend a public school(s) receiving Title 1 funding? \_\_\_\_\_

15. What percentage of the school qualifies for the federal school lunch program? \_\_\_\_\_

16. What percentage of the application group are legally handicapped? \_\_\_\_\_

17. What percentage of the application group are foster children? \_\_\_\_\_

18. How many field trips do you take your participants on each year? \_\_\_\_\_

19. How are these trips typically paid for?

20. Please add any other comments:

21. Our group's sail training experience is scheduled for: \_\_\_\_\_  
(month/year)

On behalf of my participants, I would like to apply for a Financial Assistance Grant offered by Tall Ships America. I understand that I will be notified by Tall Ships America if my group receives funding. I understand that funding is contingent upon the approval of Tall Ships America and its selection committee. I also understand that all decisions of the selection committee are final.

My group is able to put \$\_\_\_\_\_ toward our Sail Training experience. (Please state the amount of funds your school or group will put toward the program.)

I will take the sole responsibility of ensuring that each student has written permission from his or her parent and/or legal guardian in order to participate in this program. I understand that financial support of my group's participation by Tall Ships America in no way implies endorsement or a guarantee of safety on behalf of any Sail Training Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

# Tall Ships America Sail Training Experience Evaluation

(to be completed by Group Leader upon completion of program)

Name of Group: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Name of Group Leader: \_\_\_\_\_

Sail Training Program: \_\_\_\_\_

Date of Program: \_\_\_\_\_

Tall Ships America is interested in your evaluation of your sail training experience.

Our goal is to provide students with a unique and valuable learning experience, and we strive to incorporate your suggestions and comments. In answering these questions, please use the following scale. Thank you!

\*Scale      1=poor      2=fair      3=average      4=good      5=excellent

1. To what extent do you believe that this program supports learning strategies in the following areas:

- |                                  |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|
| a. Cooperative learning skills   | 1 | 2 | 3 | 4 | 5 |
| b. Problem-solving skills        | 1 | 2 | 3 | 4 | 5 |
| c. Integration of subject matter | 1 | 2 | 3 | 4 | 5 |

Comment:

2. To what extent do you believe that this program will motivate student learning back in the classroom?

1      2      3      4      5

Comment:

3. To what extent do you believe that this program's educational content supports your school's required curriculum?

1      2      3      4      5

Comment:

4. Did you receive a pre-trip information/learning package prior to your trip?      YES      NO

5. Did you receive a pre-trip phone call from an educator prior to your trip?      YES      NO

6. Please rate the interaction of the vessel's crew and teaching staff with your students.

1      2      3      4      5

Comment:

Please add any additional comments, criticisms, or suggestions (attach additional sheet if necessary) and submit along with photos, stories, logs, artwork, poetry, etc. Submission implies your permission to include these items in our publications or media releases.

Mail or fax to: Tall Ships America, PO Box 1459, Newport, RI 02840, fax (401) 849-5400