

**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 the American Sail Training Association *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 the American Sail Training Association. I understand that I will be notified by ASTA if my group receives funding. I understand that funding is contingent upon the approval of the American Sail Training Association 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 the American Sail Training Association in no way implies endorsement or a guarantee of safety on behalf of any Sail Training Program.

Signature

_____/_____/_____
Date

Title

American Sail Training Association 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: _____

The American Sail Training Association 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: ASTA, PO Box 1459, Newport, RI 02840, fax (401) 849-5400