



TRRA SCHOLARSHIP APPLICATION

All information requested on this form will be held in strict confidence.

Name _____ Age _____ Date of Birth _____

Gender _____ Ethnicity (Optional) _____

Address _____ City _____ State _____

Zip _____ Phone _____ School _____ Grade _____

Email Address _____

All scholarship recipients must pay a basic amount (to be determined and based upon ability to pay) and donate volunteer time equal to the amount of the scholarship. \$25 = 1 hour of volunteer time.

Name of Parent or Guardian _____

Address _____ Phone _____

Email Address _____

Relationship to Scholarship Candidate _____

Signature _____ Scholarship Amount Requested _____

Total Program Fee _____ Program Requesting Scholarship for _____

Method of Payment

Check enclosed (made payable to TRRA)

Credit Card, paid in office or over the phone

Office Use

Scholarship Amount _____ Period Covered _____

Date _____ Approved By _____

When the application has been received in the TRRA office, you will be contacted to let you know if the scholarship was received. Please call the office, 412-231-8772, with any questions.



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Please use the area below to write a brief statement outlining the reason you are requesting this scholarship.

Please indicate your volunteer availability.

Return this application along with your payment to:

Three Rivers Rowing Association
300 Waterfront Dr.
Pittsburgh, PA 15222
412-231-8772
www.threeriversrowing.org
rowandpaddle@threeriversrowing.org

Note: All members (parent(s)/guardian(s) of those under 18) are required to sign the attached TRRA waiver.



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Please use this page to track your volunteer hours throughout the year. This page should be turned into the office at TRRA at the completion of your program.

TOTAL VOLUNTEER HOURS NEEDED _____

DATE	ACTIVITY	STARTING TIME	ENDING TIME	TOTAL HOURS	SUPERVISOR'S SIGNATURE

TOTAL HOURS _____