



Application for
Florida Commodores Association Foundation, Inc
2025 Youth Sailing Grant Program

Club Name:

Address:

City: State: FL Zip:

Club Telephone:

Name of 2025 Commodore:

Commodore's Email Address:

Sailing School Designee:

Designee's Email Address:

Information:

How many youth sailing programs do you run annually? Months offered:

How many youths in your program (all classes): 8–12 years 12–16 years

Is your program open to non-members of your Club: YES NO

How many years has your youth sailing program been running:

What is the average number of youth sailors in your program annually:

If you already have sailing scholarships, how many do you award annually:

Are your course instructors: On Staff Outside/Paid All Volunteer

How many training levels in your program: Beginner Intermediate Advanced

What is the cost of your sailing school? Beginner Intermediate Advanced

How many students participate in your club's racing program
after attending sailing school:

Do you have any "Olympic hopefuls" in training in your club: Yes No

If so, can you share their names and competition level:

Additional Comments:

_____ 2025 Commodore _____ Date