



INTER-COLLEGIATE SAILING ASSOCIATION OF NORTH AMERICA, INC.

Office of the Treasurer

2812 Canon Street

San Diego, California 92106

619-222-0252 ★ Fax 619-222-0528 ★ sherri@odmsail.com

*Sherri Campbell
Treasurer*

Application for Post Season Competition Grant

The basic premise of this funding is as follows:

- Grants will be for participation at the College Sailing Coed National Championship only.
- The maximum funding per team is not to exceed \$5,000.
- Total grants are not to exceed 5% of the ICSA account balance in the Wells Fargo investment account as of the December 31 year end prior to the College Sailing Coed National Championship.

To be considered, the completed application must be submitted no later than May 15 each year. One important note is the requirement for the signature of a non-coach official from your school and of your conference commissioner. All applications will be reviewed and funding will be determined by the Executive Committee of ICSA.

Send completed applications by email, mail or fax to:

Sherri Campbell

ICSA Treasurer

sherri@odmsail.com

FAX: 619-222-0528

2812 Canon Street, San Diego, CA 92106

THE GOVERNING BODY OF THE SPORT OF COLLEGE SAILING

★ www.collegesailing.org ★



Application for Post Season Competition Grant

1. Team name: _____
2. Contact name: _____
3. Contact email: _____ phone: _____
4. Status of your team with your school:
Varsity _____ Club _____ Other _____
5. Do you have a coach (yes/no) _____
6. Is your coach paid or volunteer _____
7. # of sailors who will travel to finals _____
8. Detail the funding from your school for travel to:
 - Post season(Semi-Finals & Finals) _____
 - Regular season _____
9. List out of district intersectional regattas attended during this school year:
 - _____
 - _____
 - _____
 - _____
 - _____



Application for Post Season Competition Grant

COLLEGE SAILING COED NATIONAL CHAMPIONSHIP TRAVEL BUDGET

Transportation to regatta venue
air, driving costs \$ _____

Rental car/van if required \$ _____

Accommodation during regatta \$ _____

Food for team \$ _____

Regatta entry fee \$ _____

Coach fee, if applicable \$ _____

TOTAL BUDGET \$ _____

Signature of School Official (non-coach): _____

Printed Name & Title: _____

Phone: _____

Email Address: _____

Signature of your Conference Commissioner: _____

If awarded check should be made out to:

Name: _____

Attention: _____

Address: _____

City, State, Postal Code: _____