



Row it Forward Scholarship Application

Name _____ Date _____

Phone/Email _____

Please state in the space below why you need financial assistance to participate in Naiades programs. Please specify the amount you are requesting. The Naiades Board of Directors will review all applications

All information submitted will remain confidential.

Please specify the amount you are applying for and the session name/dates:

Questions should be directed to aid@naiadesoncologyrowing.com

The application shall be submitted to:

Financial Support Scholarship Committee
Naiades Oncology Rowing
P.O. Box 22661
Rochester, NY 14692

Or email: aid@naiadesoncologyrowing.com

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