

The 2025 CVENGROS SCHOLARSHIP (*) APPLICATION FORM

This two-page application together with your essay and your HS 7 (seven) semesters 'HS transcript' need to be e-mailed to Peter Haeneballe (bpca2024@gmail.com), to arrive no later than Sunday 04/06/2025 at 2000 hrs. And with a hard copy (transcript incl.) to arrive no later than Saturday 04/12/2025. Please note that a late or incomplete application may result in a disqualification.

Date _____ MM/DD/YYYY

Name _____
 First Middle Last

Address _____
 Street City Zip

Telephone _____ D.O.B. _____

Email address: _____ High School/Class of _____

Number of completed seasons in Mariners prior to 2025 _____ Mariners Jrs. _____

Highest Rank achieved prior to 2025 _____

List, with season, all Leadership positions with Ship held prior to 2025

Have you achieved the full Quartermaster rank? Y/N Achieved all QM requirements but the Project? Y/N Finished the QM Class? Y/N QM Cruise? Y/N

Are you a current member in good standing with the Mariners? Y/N

List, with season, your Mariners Cruises (SDP, Catalina, L. Beach etc.) prior to 2025

List, with season, your official sailing regattas prior to 2025

List, with season, your Annual Competitions (AMR/Rendezvous) _____

List, with season, your Mariners' Special Events (Bridge of Honor, Tall Ship festival, etc.)

List any other sports/level/years prior to 2025 _____

List any other clubs/years prior to 2025 _____

List any internships and or paying jobs/years (excluding the Mariners) prior to 2025

Total Swabby hours (incl. as Mariners' sailing instructor) prior to 2025 _____

Sailing instructor' hours outside the Mariners program prior to 2025 _____

Do you have a valid (up to date) certification of: First Aid: Y (**)/N CPR: Y (**)/N

List any volunteer work /level/ Hrs. (estimated) prior to 2025 _____

Are you planning full time enrollment in a College, University, Academy or Vocational School (in the US or abroad)? Y/N If so, when are you planning to enroll?

Briefly describe your academic plans following HS: _____

Is there a need for financial assistance: Y/N, if yes please elaborate in section hereunder.

PLEASE USE THIS SPACE TO ELABORATE ON ANY OF YOUR PREVIOUS ANSWERS IF NEED TO:

I hereby affirm that the statements in this application are true,

Name (printed): _____ Signature _____

(*) Only valid until 2031, and when the academic requirements are met.

(**) It is required that you include a copy of your certification with this application.