

# Atlantic Volleyball Club Scholarship Application

PARENTS/GUARDIANS: COMPLETE THIS FORM AND SUBMIT DOCUMENTS. THE DEADLINE TO SUBMIT THE APPLICATION IS ONE MONTH PRIOR TO THE PROGRAM START DATE. SUBMIT ALL FORMS REQUESTED.

Player's First Name:	Parent Name:
Player's Last Name:	Street Address:
Age:	City, State, Zip:
Gender:	Phone Number:
Date of Birth:	Email:
School:	Household Income Average:
Grade:	Number Living in Household:
Player Signature:	Parent Signature:

*\*By signing this document I confirm that the applicant is in need of this scholarship\**

Which team are you applying for?

\_\_\_\_\_

Season Start Date:

\_\_\_\_\_

Season End Date:

\_\_\_\_\_

What type of assistance are you requesting? Check all that apply:

- Full scholarship
- Half scholarship
- Amended payment plan (longer payment terms)

Does your child have transportation to and from tournaments and practices?

\_\_\_\_\_

Has your child ever received a sports scholarship in the past? If yes, from whom, for what sport and when?

\_\_\_\_\_

\_\_\_\_\_

**Applicant: Answer these questions in 500 words or less and attach the document to the application:**

1. Why are you applying for this scholarship?
2. How would this scholarship help you?
3. What would it mean to you to receive this scholarship?

**Attach any information that you feel would be helpful for us to know about this applicant.**

