



APPLICATION FOR SCHOLARSHIPS

MATERIALS PROVIDED WILL BE KEPT IN STRICT CONFIDENCE AND WILL BE USED ONLY IN THE EVALUATION OF YOUR FAMILY'S ELIGIBILITY FOR SCHOLARSHIPS

Athletes Name:

Athletes Birthdate: / /

Athletes School:

Address:

City:

State:

ZIP Code:

Parent Name:

Parent Email:

Parent Cell:

INFORMATION NECESSARY TO EVALUATE SCHOLARSHIP NEED

Adjusted Gross Income disclosed on IRS Form 1040 or 1040A for Tax Years.

Describe why your daughter should be considered for financial aid for the 2020-2021 season:

2018 \$ _____ 2019 \$ _____ (attach required copy of 2019 tax return) **Both parents REQUIRED**

Describe any material difference in the expected income of the family in 2020/21 as compared to the previous two years (ex:loss of job, etc.)

How much can your family afford to pay in club dues this season? \$ _____ (season) / _____ (month)
(Please note all players per NCAA rules and regulations are required to pay for their own uniforms and travel expenses)

ATHLETE REQUIREMENT

Essay authored and written in hand by the athlete that addresses the following subject:
"Why I am interested in playing Junior Olympic volleyball"

**please see required signatures on backside*

SIGNATURES

PLEASE RETURN THIS FORM NO LATER THAN **11/15/20**. ONCE THE DUE DATE IS PAST THERE WILL BE NO OTHER DISCOUNTS CONSIDERED OR GRANTED. ALL COMPLETED FORMS WILL BE REVIEWED BY VOLLEY4LIFE BOARD OF DIRECTORS. ONCE REVIEWED APPLICANTS WILL BE NOTIFIED OF THE BOARDS FINAL DECISION BY **November 22, 2020**. THE BOARD OF DIRECTORS MAY REQUEST FURTHER DOCUMENTS IN ORDER TO MAKE AN ACCURATE DECISION FOR SCHOLARSHIP QUALIFICATIONS.

Athlete Signature:

Date:

Parent Signature:

Date:

Print Name of Parent:

2020 Tax Return included? YES NO

**application will not be considered without proof of household income*

MATERIALS PROVIDED WILL BE KEPT IN STRICT CONFIDENCE AND WILL BE USED ONLY IN THE EVALUATION OF YOUR FAMILY'S ELIGIBILITY FOR SCHOLARSHIPS

Granted by Volley4life: President / Vice President / Secretary
Printed Name:

Date:

Amount:

Terms:

Club Director's Signature:

Date: