

CONFIDENTIAL

APPLICATION FOR FINANCIAL ASSISTANCE

APPLICATIONS MUST BE RECEIVED BY November 16, 2020

To: csuperiorvb@gmail.com

Club Superior Volleyball provides scholarships to families to help them off-set player's club fees on an as needed basis. CSVB board will determine amount to be given to a player (s) annually. Eligibility and amount of assistance, if any, will be determined by the CSVB board of directors. The scholarship will be good for one season. It may be less than requested. Each player/family will have to re-apply prior to subsequent seasons if assistance continues to be needed annually. CSVB scholarship is based on financial need, merit, and amount of monies available.

YOU MUST FILL OUT THE BELOW INFORMATION COMPLETELY BY THE ABOVE DEADLINE ALONG WITH THE BELOW REQUIREMENTS OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE.

I. APPLICATION INFORMATION

Player's name _____ Date of Birth: _____ Grade _____

Address _____ Home Phone (____) _____

Parent's name _____ Cell Phone (____) _____

Email address for Parents: _____ Player email: _____

Amount of Scholarship Applying for \$ _____ (must be filled out) Level: Select _____ Club _____

Is applicant (player) receiving free lunches: Yes _____ No _____

II. ELIGIBILITY:

Player must be in good standing with the program relating to past year accounts and volunteer status and all outstanding balances must be paid in full. Player must be known as a responsible and dependable individual who shows sportsmanship, ethical conduct, integrity, and courtesy towards the program, its coaches and staff.

III. REQUIREMENTS:

- a) A Paragraph from the player/parent/guardian explaining how receiving this Scholarship will benefit you and enable participation.
- b) Player must attend, to the best of her ability all scheduled practices, play dates and tournaments.
- c) Player/parent/guardian must fundraise.
- d) Player/parent/guardian must volunteer for 1 additional volunteer opportunity (concessions, clinics, community outings).

*** If the player's concessions shifts and/or fundraising are not completed any awarded scholarship will be reversed off their account and there will be a balanced owed to CSVB.**

By applying for and accepting this scholarship, I understand that I must abide by the requirements as stated above. I realize that if I do not meet those requirements, I may lose the scholarship and all related benefits. I agree to these requirements and by signing below, I indicate my acceptance of these regulations.

Printed Player's Name _____

Player's Signature _____ Date _____

Parent's Signature (Required) _____ Date _____