

Valley Volleyball Academy
SCHOLARSHIP GRANT APPLICATION FORM
Deadline: Sept 1, 2021 (to be applied to the 2021-2022 season)

Athlete Full Name: _____
Athlete VVA Team: _____
Athlete phone: _____
Address (include street, city, state, zip): _____
Athlete school enrolled: _____
Athlete grade in school: _____
Athlete activities involved in/at school: _____
Are any of these activities after school or on weekends? _____
How long have you played club volleyball? _____
Do you have any siblings that play club volleyball? _____
Do you currently have a job outside of school hours? If yes, how many hours per week?: _____
Are you receiving any other form of financial aid to assist the payment of dues? If yes, how much? _____
Have you previously received scholarship grant funds from club? _____
Did you complete your last club season/year all the way through and in good standing? _____

Guardian 1
Guardian Name: _____
Guardian Phone: _____
Guardian email: _____
Guardian Place of Employment: _____
Guardian Work Position Title: _____

Guardian 2
Guardian Name: _____
Guardian Phone: _____
Guardian email: _____
Guardian Place of Employment: _____
Guardian Work Position Title: _____

Please explain why this grant is essential for you?

Why would you be a great candidate to receive scholarship funds?

Are you committed to see this club season all the way through and in good standing?

Athlete's Printed Name: _____

Guardian Printed Name: _____

Guardian Signature: _____

Date: _____