

Valley Volleyball Academy
SCHOLARSHIP GRANT APPLICATION FORM
Deadline: Oct 14th, 2023 (to be applied to the 2023-2024 season)

1. Athlete Full Name: _____
2. Athlete VVA Team: _____
3. Athlete phone: _____
4. Address (include street, city, state, zip) _____
5. Athlete school enrolled: _____
6. Athlete grade in school: _____
7. School coaches name/phone number: _____
8. Athlete activities involved in/at school: _____

9. Are any of these activities after school or on weekends? If so, which ones and how much time do you spend? _____

10. How long have you played club volleyball? _____
11. Do you have any siblings that play club volleyball (circle one)? YES NO
12. Do you currently have a job outside of school hours?
YES NO If yes, how many hours per week?: _____
13. Are you receiving any other form of financial aid to assist the payment of dues? YES NO
14. If yes, how much? _____
15. Have you previously received scholarship grant funds from club? _____
16. Did you complete your last club season/year all the way through and in good standing? _____

Parent/Guardian 1 Information

Name: _____
Phone: _____
Email: _____
Place of Employment: _____
Work Position Title: _____

Parent/Guardian 2 Information

Name: _____
Phone: _____
Email: _____
Place of Employment: _____
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?

In what ways could you give back to VVA or the volleyball community if a scholarship was awarded?

How much could your family contribute to club dues monthly? (please note this is not a guarantee of funds)

Guardian Printed Name: _____ Athlete's Printed Name: _____

Guardian Signature: _____ Date: _____