

850 Elite Scholarship/Financial Aid Application 2018/2019

This form is to be completed by a parent or guardian. All information is confidential and will be reviewed only by the Girl Power for Good Foundation Financial Aid Committee members. Return this application and verification of income documents in a sealed envelope to Terri Fedonczak, the Club Director. All applications are due on or before November 30th – NO EXCEPTIONS. We have limited funds for financial assistance, so we encourage you to submit your application early as that increases your chances of being awarded a scholarship.

Today's Date _____

1. List Player(s) that need financial assistance:

Name: _____

Date of Birth : _____

Name: _____

Date of Birth : _____ Team:

Team: _____

2. Street Address: _____

City: _____ Zip Code: _____

3. Mother's Name: _____

Email: _____

Phone: _____

Mother's Employer: _____ Gross monthly income: _____

4. Father's Name: _____

Email: _____

Phone: _____

Father's Employer: _____ Gross monthly income: _____

5. What is the gross monthly income from all other sources? _____

6. How many people live in the household and are dependent upon this income? _____

7. How much per month can you afford to pay for volleyball? \$ _____/mo

8. Please state the reasons for your request for financial assistance. Be sure to include any special circumstances that may not be reflected in this application.

9. What volunteer duties will you be willing to assume for the club? (Circle all that apply):

Fundraising Committee Team Mom Chaperone Grassroots Tournament Staff

Please enter your credit card information below. This card will be charged for the club fees in excess of whatever financial aid is awarded. If no credit card is available please submit a \$100 check per applicant to cover your team acceptance and 5 postdated checks will be needed for dues payment once application has been approved.

Credit Card #: _____ Cardholder's Name: _____ Billing Zip
Code: _____ Exp. Date: _____ CVC #: _____

