



Scholarship Grant Program
APPLICATION FORM

Deadline: January 5, 2020

Player's Full Name: _____ Player's AJV Team: _____

Name of Person Completing This Application: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Father's Full Name: _____

Father's Place of Employment: _____

Father's Work Position Title: _____

Mother's Full Name: _____

Mother's Place of Employment: _____

Mother's Work Position Title: _____

Player's School: _____ Year of Graduation: _____

Player's Activities Involved in/at School: _____

Are any of these activities after school or on weekends? Yes No

How many years have you played club volleyball? _____ Current Team: _____

Number of Siblings Playing Club Volleyball: _____

Does player currently have a job? Yes No

If yes: How many hours per week? _____ Job Location: _____

Are you receiving any other form of financial aid to assist in the payment of dues? Yes No

If yes: How much? _____

Has your family previously received scholarship grant funds from AJV? Yes No

Please explain why this grant is essential for you in order to pay your dues in full:

What financial sacrifices are being made in order for you to play at AJV?

Signature: _____

Date: _____