



**Scholarship Grant Program**  
**APPLICATION FORM**

**Deadline: January 6, 2023**

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: \_\_\_\_\_