

CONFIDENTIAL



APPLICATION FOR FINANCIAL ASSISTANCE

Applications must be received: DECEMBER 1st

Minnesota North Volleyball Club ("MN North") provides Scholarships to families to help them off-set player's fees. In order to assist as many players as possible, the financial assistance awards will be based on financial need, merit, and amount of monies available. Not all players will be awarded a full scholarship and can be awarded a half or no scholarship.

YOU MUST FILL THIS FORM OUT COMPLETELY OR YOUR SCHOLARSHIP APPLICATION WILL BE CONSIDERED INCOMPLETE.

I. APPLICANT INFORMATION:

Player's name _____ Grade _____
(Last) (First)
Address _____ Home Phone (____) _____
(Street) (City) (State) (Zip)
Parent's name _____ Work Phone (____) _____
(Last) (First)
E-mail Address for Parents: _____
Player: _____

Amount of Scholarship Applying for \$ _____ **Level:** ____ Nationals ____ Select ____ Club
(Amt you need from Club Must have a \$ amt)

Is applicant (player) receiving free school lunches: ____ Yes ____ No

II. ELIGIBILITY: Recipient must be in good standing with the program relating to past year accounts and volunteer status. Player must be known as a responsible and dependable individual who shows sportsmanship, ethical conduct, integrity, accountability, and courtesy towards the program, its coaches and staff.

III. REQUIREMENTS:

- a) A paragraph from the player explaining how receiving this Scholarship will benefit you.
- b) Player must attend, to the best of her ability, all scheduled practices, play days and tournaments. Players who receive a MN North Scholarship must volunteer for concessions and/or other duties. Players who receive the MAAB Scholarship are exempt from this requirement. The number of volunteer shifts to fulfill the scholarship requirement will be determined based upon the amount of the scholarship awarded. Please note that concessions and all additional work required to fulfill the cost of the scholarship will be scheduled based upon the needs of MN North. If you are unable to perform the above requirement due to scheduling or traveling issues, please contact the Scholarship Coordinator at Kristen@mnnorth.com.

By applying for and accepting this Scholarship, I understand that I must abide by the requirements as stated above. I realize that if I do not meet those requirements, I may lose the scholarship and all related benefits. I agree to these requirements and by signing below, I indicate my acceptance of these regulations.

Printed Player's Name _____

Player's Signature _____ Date _____

Parent's Signature (Required) _____ Date _____

Date Received: _____
Accepted _____ *Declined* _____
Amt Awarded \$ _____