

Venom Volleyball Club

SCHOLARSHIP PROGRAM APPLICATION

Venom VBC offers a scholarship program to children, who without this financial assistance would not be able to participate on the a Venom Volleyball team. The Venom scholarship program focuses on providing opportunities for area youth to participate on a competitive team sport for the mental, physical and character benefits these programs can provide. This application for the scholarship program is for tuition assistance only. The player deposit is required with this application. If a full scholarship is awarded, the deposit will be returned. This scholarship application does NOT cover expenses for player practice/tournament gear, required memberships or travel.

Requirements for eligibility:

- Athlete must be age 17 or younger.
- **Commitment to attend a minimum of 100% of scheduled practices, games and Team functions.**
- Participation by player/or family member in at least three (3) volunteer opportunities during the calendar season (12 month) examples-Venom hosted tournaments, fundraisers, community service
- Submit a completed application
- Submit current all W-2's, 1099's and previous year tax return
- One page statement from the player describing what volleyball means to her, why she wants to play on a Venom Team and how her Venom Team will be her primary athletic commitment
- School sports are permitted, but the Venom Team activity must be given priority even if it is practice over a competition

I understand that my child's participation in this program requires a commitment to attend a 100% of the scheduled practices, games, and Team functions. If _____, player on _____, does not complete the season, for whatever reason, we/I, _____ / _____, will repay the ENTIRE scholarship amount immediately. (_____)initials.

****Approval of a registration scholarship does not register the participant in the activity. Athlete must still register and tryout for the team.****

Priority will be given to eligible youth meeting one or more of the criteria below:

- Member of a multi-child family
- Living in a single parent home
- Families living at or below their local median income
- Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, etc. (Must provide written documentation of participation in these programs to receive priority status)
- Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives.
- Statement as to why this scholarship is needed (can be emailed to VenomnVBC@gmail.com)

Missed team events or functions for reasons other than sickness or emergencies will result in removal from the Team. Should this occur, the full tuition amount, including any amount approved under this program must be paid to Venom VBC, PO Box 669, Toano, VA 23168 immediately using cash, credit card, Venmo (@VenomVBC), money order or certified check. ()
initials

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REGISTRATION PAGE

Please complete the following information, one application per child:

Name: _____ Age: ____ Birthdate: _____

Address: _____
Street City State Zip

School Athlete Attends: _____ Grade: _____

Teacher's Name: _____ School Phone #: _____

Athlete lives with: () Both Parents () Mother () Father () Other _____

Amount of scholarship requested: Full \$ _____
Partial \$ _____

PARENT / GUARDIAN INFORMATION:

Total Household Annual Income: \$ _____

Number of dependent children in your household during the last tax year: _____

Father's Name: _____ Occupation: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Parent/Legal Guardian #1 Name: _____

Occupation: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Parent/Legal Guardian #2 Name: _____

Occupation: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

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CONSENT TO RELEASE INFORMATION

I understand that my signature authorizes the Virginia Venom Volleyball Club to obtain verification of all information on this application and that additional

information may be necessary for approval of this application. I certify that all the information on this form is true and correct.

Failure to disclose any information will result in a denied application. A complete application and all supporting documentation must be post marked BY October 1st. All scholarship recipients will be notified on or about November 1st.

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BY SIGNING THIS DOCUMENT, YOU AGREE TO PAY ALL COURT COSTS, LEGAL COLLECTION FEE'S, TRANSACTION FEE'S IF SUCH ACTION IS NECESSARY TO COLLECT PAYMENT.

APPLICATION CERTIFICATION

_____	_____
_____	_____
_____	_____
_____	_____
Parent/Guardian/Player Signature	Date
ALL SIGNATURES ARE REQUIRED (mother/father/guardian/step parent/ etc)	

_____	_____
Venom VBC Representative Signature	Date
_____	_____
Witness	Date