



Once form completed please send to info@corevaluesvbc.com and note "financial aid" in the subject line.

APPLICATION FOR FINANCIAL ASSISTANCE

Name of PLAYER in need: _____

Date of Birth: _____ Team Placement for Current Season: _____

Parent(s)/Guardian(s): _____

Address/City/Zip: _____

Best Contact Number: _____ Alternate Number: _____

Email Address: _____ Email Address (2): _____

1-Parent/Guardian Employer: _____

2-Parent/Guardian Employer: _____

Number of Dependent Children: _____ Annual Gross Income_ \$ _____

I believe that I can afford to pay: _\$ _____ /month

I believe that I can contribute to the Club in the following volunteer role (e.g. videography, parent assistant, statistician, player gear distribution, and aid in Core Community outreach work):

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List any extraordinary expenses:

_ Applications and amount awarded may vary based on availability of funding at the time of review. By signing below, I attest that the information we are providing is accurate, that we have a financial need and that we would uphold our commitment to the organization as needed.

Parent / Guardian Signature: _____ Date: _____