## 2025-2026 Summit Youth Sports Financial Assistance Scholarship Application (U15 - U17)

Summit Youth Sports Volleyball is hoping to provide scholarship opportunities to families with financial need. We strongly believe that any player should be able to train and play volleyball, and not be held back because of the club dues. As such, SYSV is actively pursuing donations that will be strictly available to supplement or pay for athlete's fees. Let us be clear that not wanting to pay and not being able to pay are very different statements. Sacrifices should be made for your child to play club volleyball. Sometimes this takes the form of athletes sharing a room at an away tournament, cutting back on other entertainment options, or even the athlete getting a small job to help offset the fees. SYSV will also provide fundraising opportunities to athletes to help with this as well. We also allow for dues to be paid in 4 monthly payments if funding is not awarded.

SYSV also recognizes that we cannot help everyone, so we have an application process that must be followed for consideration. The application should be completed by September 1, 2025 and does require 2 short essays, one from the athlete and one from the parent/guardian. The scholarships will be approved through the SYSV board members and will be kept strictly confidential.

Please fill out the attached application. Please provide all documentation requested as well. Scholarship awards will be awarded by September 15, 2025.

Everything can be emailed to <a href="mailto:summitvbc1@gmail.com">summitvbc1@gmail.com</a> or mailed to Summit Youth Sports, PO Box 7180 Dillon, CO 80435. Please email us to let us know if you mailed the application.

Thank You!

## Alyssa Koch

Alyssa Koch, Coach-Summit Youth Sports Volleyball

## **Summit Youth Sports 2025-2026 Scholarship Application**

Thank you for taking time to apply for a SYSV Club Scholarship for the 2025-26 club season. To ensure we have all the information needed to evaluate your eligibility, please complete this application in full and follow the instructions along the way. Once completed, please submit all your information no later than September 1, 2025 to Summit Youth Sports as follows:

By Email: <a href="mailto:summitvbc1@gmail.com">summitvbc1@gmail.com</a>

By Mail: Summit Youth Sports, PO Box 7180 Dillon, CO 80435 – If you mail it, it must be delivered by September 1, 2025 and please email to let us know that you mailed the application.

Applicant's Physical Address:  STREET ADDRESS  CITY STATE ZIP CODE  Applicant's Mailing Address:  PO Box  CITY STATE ZIP CODE	Contact Information:				
Applicant's DOB: Applicant's Grade:  MONTH/DAY/YEAR  Applicant's Physical Address:  STREET ADDRESS  CITY STATE ZIP CODE  Applicant's Mailing Address:  PO Box  CITY STATE ZIP CODE  Parent/Guardian Name:					
Applicant's Physical Address:  STREET ADDRESS  CITY STATE ZIP CODE  Applicant's Mailing Address:  PO Box  CITY STATE ZIP CODE  Parent/Guardian Name:	LAST NAME		FIRST NAME		MIDDLE INITIAL
Applicant's Physical Address:  STREET ADDRESS  CITY STATE ZIP CODE  Applicant's Mailing Address:  PO Box  CITY STATE ZIP CODE  Parent/Guardian Name:	Applicant's DOB:	nt's DOB:		Grade:	
Applicant's Mailing Address:  PO Box  CITY STATE ZIP CODE  CITY STATE ZIP CODE  Parent/Guardian Name:	MONTH/DA	AY/YEAR			
CITY STATE ZIP CODE  Applicant's Mailing Address:  PO Box  CITY STATE ZIP CODE  Parent/Guardian Name:	Applicant's Physical Address:				
Applicant's Mailing Address:  PO Box  CITY STATE ZIP CODE  Parent/Guardian Name:		STREET AD	DRESS		
PO Box  CITY STATE ZIP CODE  Parent/Guardian Name:		CITY	STATE	ZIP CODE	
CITY STATE ZIP CODE  Parent/Guardian Name:	Applicant's Mailing Address:				
Parent/Guardian Name:		PO Box			
•		CITY	STATE	ZIP CODE	
LAST NAME FIRST NAME	Parent/Guardian Name:				
		LAST NAME		FIRST NAME	
Parent/Guardian Phone Number: Email Address:	Parent/Guardian Phone Number:		Email Address:		
	etc.)	ces and their er	nail and phone	e # (for example: sc	nool coach, teacher, cl
Please list 2 character references and their email and phone # (for example: school coach, teacher, c etc.)	1				
etc.)	2				

Financial Information:
Monthly household income (parent(s) or guardian(s)) This amount should be for all contributing to household income \$
Monthly Expenses (sum of all): \$
Please list what type of expenses are included in the amount above, i.e. rent/mortgage, utilities, groceries, gas, ongoing monthly payment to credit card debt, cell phone, car loan, student loan)
The dues for the 2025-26 season are \$1750 payable to SYSV and \$70.00 payable to USAV. Payment plans are available for 4 monthly payments of \$437.50/month. Tournaments will be in the Front Range and sometimes staying in a hotel the night before is very beneficial. Please consider added expenses for traveling to and from tournaments as well as club dues when analyzing this question. Players can ride with other players to save on expenses.
Parents/Guardians, how much do you feel your family can pay monthly towards club dues?
\$
Is the applicant receiving free/reduced school lunch for 2025-26 school year? Yes No
What to Turn in with the Application:
Please provide the following along with this application filled out:
<ol> <li>Applicant Essay: Applicant must write an essay on "What playing Volleyball Means to Me".</li> <li>Parent/Guardian Essay: Please write an essay on "Why you want your athlete to play club volleyball," discuss "why paying in full or partial is a hardship for your family" and discuss "what time you have available to volunteer at SYSV."</li> </ol>
Comments or Questions:

We are not asking for proof of income. We are relying on each family to evaluate their need and to be honest about their financial commitments. The application and all supporting documentation is due by September 1, 2025. Please email <a href="mailto:summitvbc1@gmail.com">summitvbc1@gmail.com</a> with any questions.