

**2025 VOLLEYBALL CALGARY ATHLETE SUBSIDY APPLICATION FORM**

**(Volleyball Calgary, One executive place, Calgary, AB T2M 3Y7)**

---

**ABOUT THE GRANT**

- Financial assistance is available for athletes ages 18 and under who would not participate in volleyball without this support.
  - Assistance covers program registration fees only. Costs for travel, camps, championships, uniforms, equipment, etc., are not eligible.
  - Maximum funding is \$500 per calendar year per athlete.
  - Approval does not guarantee the full funding request.
- 

**FUNDING POLICIES**

1. Applications are reviewed monthly. Please submit by the 15th of each month.
  2. Allow a minimum of three weeks for processing. Notifications will be sent via email or letter.
  3. Applicants must register for programs before applying. Funding is not provided retroactively.
  4. Proof of total household income is required for processing. Acceptable documents include:
    - CRA Notice of Assessment (Line 150 – Total Income)
    - Proof of social assistance or foster parent status.
  5. Financial assistance will be sent directly to Volleyball Calgary.
- 

**APPLICATION FORM**

DATE \_\_\_\_\_

**STEP 1: ATHLETE INFORMATION**

- Last Name: \_\_\_\_\_
  - First Name: \_\_\_\_\_
  - Age: \_\_\_\_\_ Date of Birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_
  - Sport Applying For: Volleyball
  - Funding Request: \$ \_\_\_\_\_ (Max \$500)
  - Mailing Address: \_\_\_\_\_
-

- City: \_\_\_\_\_ Postal Code: \_\_\_\_\_
- Number of Dependents in Family (under 18): \_\_\_\_\_
- Has the athlete received assistance before?
  - Yes (Year: \_\_\_\_\_)
  - No

## STEP 2: PARENT/GUARDIAN INFORMATION

- Last Name: \_\_\_\_\_
- First Name: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Relationship to Athlete: \_\_\_\_\_
- Marital Status:
  - Single Parent
  - Married
  - Common-Law

## STEP 3: SPORT ORGANIZATION INFORMATION

(To be completed by Volleyball Calgary)

- Club Name: Volleyball Calgary
- Club Address: One executive place, Calgary, AB T2M 3Y7
- Program Fee (excluding extras): \$ \_\_\_\_\_
- Program Dates: Start: \_\_\_\_\_ End: \_\_\_\_\_
- Contact Name: \_\_\_\_\_
- Contact Position: \_\_\_\_\_
- Email: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Signature (Club Representative): \_\_\_\_\_

#### STEP 4: FINANCIAL INFORMATION

- Household Income Partner #1: \$ \_\_\_\_\_
- Household Income Partner #2: \$ \_\_\_\_\_
- Total Household Income: \$ \_\_\_\_\_

Include proof of income (check all that apply):

- CRA Notice of Assessment
  - Social Assistance Proof
  - Foster Parent Proof
  - Other: \_\_\_\_\_
- 

#### SUBMIT YOUR APPLICATION

- **Mail To:** Volleyball Calgary, One executive place, Calgary, AB T2M 3Y7
- **Email To:** [hello@volleyballcalgary.ca](mailto:hello@volleyballcalgary.ca)