

E3 Volleyball

2025-2026 Season

Tiger Memorial Scholarship Grant Application Form

This application must be signed and returned along with the **Tiger Memorial Scholarship Grant Agreement** to:

The E3 Accounting Department

NO LATER THAN August 30,2025

You may email the form(s) to **infoE3VB@gmail.com**

Player's Full Name: _____

Player's E3 Team: _____

Name of Person Completing This Application: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

Father's Full Name: _____

Father's Place of Employment: _____

Father's Work Position Title: _____

Mother's Full Name: _____

Mother's Place of Employment: _____

Mother's Work Position Title: _____

Player's School: _____

Year of Graduation: _____

Player's Activities Involved in/at

School: _____

Are any of these activities after school or on weekends?

- Yes
- No

How many years have you played club volleyball? _____

Number of siblings playing club volleyball: _____

Does the player currently have a job?

- Yes
- No

If yes:

How many hours per week? _____

Job Location: _____

Are you receiving any other form of financial aid to assist in the payment of dues?

- Yes
- No

If yes:

How much? _____

Has your family previously received Tiger Memorial Scholarship grant funds from E3 Volleyball?

- Yes
- No

Please explain why this grant is essential for you in order to pay your dues in full:

What financial sacrifices are being made for you to play at E3 Volleyball?

Signature: _____

Date: _____
