



## Scholarship Application

For the 2017-2018 USAV season, Team Yakima Volleyball is planning to offer scholarship opportunities to a few athletes to help defray the costs to play. These scholarships are based on financial need, and are annually funded from private donations and grant awards.

This application is considered personal and confidential and will not be shared with anyone outside Team Yakima's Scholarship Committee.

To apply, this application must be completed and emailed to the Team Yakima Scholarship Committee at [teamyakima@gmail.com](mailto:teamyakima@gmail.com) by 11/20/17.

Applicant's Name: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of school currently enrolled: \_\_\_\_\_

Grade Level: \_\_\_\_\_ GPA: \_\_\_\_\_

**Primary Parent or Guardian's Name:** \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email \_\_\_\_\_

Annual Income (as listed on latest tax return): \_\_\_\_\_

**Second Parent or Guardian's Name:** \_\_\_\_\_

Occupation/Profession: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_



Email \_\_\_\_\_

Annual Income (as listed on latest tax return): \_\_\_\_\_

Does the player have any prior involvement with Team Yakima Volleyball? Yes\_\_\_\_ No\_\_\_\_

If yes, when \_\_\_\_\_

Are you willing to meet the minimum (depends on level of team) required fundraising requirement for Team Yakima Volleyball? Yes\_\_\_\_ No\_\_\_\_

Will the player have transportation to and from practice & tournaments? Yes\_\_\_\_ No\_\_\_\_

Is she currently involved in any other club or sports activities? Yes\_\_\_\_ No \_\_\_\_ If yes, please list information here:

Please provide 2 character references for the athlete. This may be her teacher, pastor, coach, mentor or other person who knows the player well.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**IMPORTANT: Statement of need or special circumstance**

Please provide any additional information you may feel pertinent to this scholarship application. You may attach an additional sheet to describe.