



Please complete the application in its entirety. Each application will be reviewed by the Financial Assistance Committee which will, based on Alliance VBC guidelines, determine eligibility for financial assistance.

Player's Name: _____

Parent's Name: _____

Address: _____

City, State, Zip: _____

Phone: Home _____ Cell: _____

Email Address: _____

Marital Status: _____ Married _____ Single

Household Information:

Total Number of Adults in Household: _____

Total Number of Children in Household: _____

Do you have more than one child playing for Alliance? _____

Are you currently employed? YES NO Gross Monthly Income: \$ _____

Business' Name: _____

Is your spouse employed? YES NO Gross Monthly Income: \$ _____

Business' Name: _____

Is your volleyball player employed? YES NO Gross Monthly Income: \$ _____

Business' Name: _____

Please state your reasons or special circumstances for need of financial assistance:

Funds for financial assistance are limited, and are allocated on an as needed/as received basis. **The deadline for Financial Assistance Applications to be submitted is Monday, Nov 1, 2021.** Additional information may be required in order to make a determination; if so, we will contact you. Financial assistance awards are typically granted in mid-November after receipt and review of all applications.

Please be aware that financial assistance is available only for club fees. It does not include funds for travel or hotel costs.

[Alliance Volleyball Club Board of Directors will keep this information confidential. Your volleyball player's coach will not know that financial assistance is being considered or provided.]

Please send this completed form to:

**Alliance Volleyball Club
Attn: Board of Directors
P. O. Box 682267
Franklin, TN 37068
Or email to cearp@alliancevbc.com**