



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 Oct 31, 2025.** 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](mailto:cearp@alliancevbc.com)**