



Appalachian Premier Volleyball Academy Scholarship Application

Appalachian Premier Volleyball Academy (APVA) may grant scholarships for registration fees and dues to area youth, who without financial assistance, would be unable to participate in APVA sports programs. The APVA scholarship program focuses on providing opportunities for area youth to participate in recreational sports, specifically volleyball because of the physical, mental, and character-building benefits these programs can provide. Scholarships are only available to cover the cost of registration and dues for APVA teams and are not available to cover any additional costs (equipment, optional tournament fees, travel etc.).

Scholarship requests must be submitted to APVA no later than two (2) weeks prior to the second payment deadline (12/14). The scholarship committee, which includes representatives from the APVA Board of Directors, including the President, will consider all complete applications received by the application deadline. The amount of the scholarship awarded (if any) may be a partial or, in certain situations a full scholarship, depending on the number of applicants and the amount of scholarship funds available. If the number of scholarship applications submitted and approved exceeds the amount available, the scholarships will be awarded by a lottery system.

APVA is a 501(c)(3) non-profit organization with limited funding available for scholarships. No guarantee of assistance is implied by this application.

ELIGIBILITY: Requirements for eligibility:

- Athletes must be of eligible age to participate in an APVA Program.
- Parents/Guardians (and athletes) commitment to attend a minimum of **80% of all scheduled practices and games**. (Unless a prior arrangement discussed ie. secondary school sport)
- Parents/Guardians or athletes agree to participate in **at least eight (8) hours** of voluntary service to APVA during the season of sponsorship. Volunteer work will be under the direction of the APVA Board of Directors, and may include participating in fund-raisers, working in concession stands, court work or other duties as assigned by the APVA Board of Directors.
- Application must be completed by a parent, guardian, or head of household, with all requested information provided. Incomplete applications will not be considered. The application is on the following page.

● The maximum amount awarded per recipient family is \$599.00 per calendar year. Per IRS guidelines, APVA is required to issue a Form 1099 to any individual or family that has received \$600.00 or more of funds or compensation in a calendar year.

PROCESS & QUALIFICATIONS: Process

- Complete the APVA Scholarship Application Form, which must be signed by a parent/guardian and read and sign the Terms and Conditions statement. Prior to the application deadline, either mail / email the application to the address listed on the bottom of the application, or hand in person to an APVA Board Member.

- Included with the application either (1) proof of current income for all household members or (2) a personal financial hardship statement (see Qualifications). Examples of proof of income include:
 - 1 Month of current consecutive pay stubs (4 weekly, 3 bi-weekly, or 2 bi-monthly pay stubs).
 - Printout from Social Security Administration.
 - Most recent completed tax return (Form 1040).
 - Notarized letter stating the applicant family has no income.

- The APVA Scholarship Committee will consider scholarship applications completed with all necessary documentation and received by the deadline.

- Scholarship application approval will be based on verification of financial need.

- Scholarships will be provided on a first-come, funding and space available basis.

- The parent, guardian or head of household will be notified in either case of a scholarship being awarded or not.

- **Incomplete applications will automatically be denied.**

Qualifications:

Please provide all information required to help APVA determine qualifications. Scholarship consideration will be given to eligible youth meeting one or more of the criteria below. The more information you can provide us, the better.

-

-
-
-
-

Child paying/working for their own dues.

Provide proof of income as described in the section above (Process).

Receive assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. (must provide written documentation of participation in these programs).

Provide recommendations by coaches, school representatives, social workers, youth community center workers or other social services representatives.

Living in a single parent home.

Financial Hardship Statement: provide a written statement by athlete or guardian of immediate financial hardship or extenuating circumstances explaining the current situation. APVA recognizes that a family may not be receiving formal assistance from the programs mentioned above, yet financial assistance may still be needed to participate in an APVA Program. In these instances, the APVA Scholarship Committee will consider the Financial Hardship Statement to determine scholarship eligibility. Please provide documentation that supports the facts in your financial hardship statement.

CONFIDENTIALITY

APVA will use the information on the application only to decide if your athlete qualifies to receive a scholarship for eligible programs. Confidentiality will be maintained at all times. Applicants are guaranteed that personal finances will not be discussed outside of the APVA Scholarship Committee. Managers, assistant coaches, or other volunteers will not be informed of a participant's financial or scholarship status.

*****Please note:** If this is prior to tryouts or programs, approval of a scholarship does not register the participant in the program. You must still register the athlete in the program desired by the registration deadline.

Appalachian Premiere Volleyball Academy does not discriminate based on gender, race, class, economic status, ethnic background, sexual orientation, physical ability, or cultural and religious backgrounds.

Appalachian Premiere Volleyball Academy

Scholarship Application

Please complete the following information, one (1) application per child.

ATHLETE INFORMATION

Name: _____ Age: _____ Birth Date: _____

Male Female

Address _____

School Attended: _____ Grade: ____

School Phone: _____ Athlete lives with: Both Parents Mother Father Other

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____

Email Address: _____

Address _____

Telephone: _____ - _____ - _____ (home) _____ - _____ - _____ (mobile)
_____ - _____ - _____

Total Household Annual Income: \$ _____

Does your child qualify for free or reduced school lunch? Yes No

Number of dependent children in your household during the last tax year: _____

Number of people in your household total: _____

Do you currently receive state or federal financial assistance? Yes No

If yes, what type?

If you receive state or federal financial assistance, is this your sole source of income?

Yes No

PREVIOUS PARTICIPATION

Has athlete participated in programs at APVA in past seasons? () Yes () No

If yes, list seasons and years (e.g. Spring 2019):

Has athlete received scholarship from APVA in the past calendar year? () Yes () No

TERMS AND CONDITIONS:

“I”, “me” and “my” refer to the adult scholarship applicant. Initial each line.

_____ 1. By signing this form I certify that the information contained in this scholarship application is true and correct to the best of my knowledge.

_____ 2. By signing this form I agree to be bound by the responsibilities and expectations set forth in this application if I receive a scholarship.

_____ 3. I understand that members of the APVA Board of Directors consider each scholarship application on a case-by-case basis.

_____ 4. I understand that no guarantee of assistance is implied by this application and scholarships are awarded if funds and space are available, and scholarship requirements are met.

_____ 5. I understand that I am responsible for all equipment and additional/optional fees (e.g. tournament fees) required for my child’s participation in a program.

_____ 6. I understand that scholarship money will not be paid to the individual recipient, nor will any money be refunded to the individual recipient. Scholarships are provided via a discount code used for online registration or by written approval of discounted/waived rate by the board.

_____ 7. I understand that if any information provided during the scholarship application is deemed inaccurate, APVA may immediately terminate my child’s privilege to benefit from the scholarship program, and in the case any information was intentionally false, I will repay to APVA the full value of any scholarship awarded.

_____ 8. I understand that if a scholarship is awarded to my child or multiple children, I am required to volunteer 8 hours, per scholarship recipient, to be completed during the season unless otherwise coordinated with the APVA Board of Directors. Failure to satisfy this condition will disqualify me, my child(-ren), and my immediate family from being considered for another scholarship for a period of 12 months.

_____ 9. I understand it is my responsibility to ensure my child(-ren) attend at least 80% of all scheduled practices and games. (Unless prior arrangement discussed ie. secondary school sport)

_____ 10. This application is considered private and will not be shared with anyone other than the APVA Scholarship Committee.

_____ Printed Name of Adult Applicant

_____ Name of Scholarship Athlete

_____ Signature of Athlete Applicant

_____ Date

Appalachian Premier Volleyball Academy

Fill out this completed form, completed terms and conditions, and send via regular mail or email (scan completed forms and supporting documents and email to appalachianpremierevbc@gmail.com with one or more of the following attachments; indicate those items being provided by checking applicable boxes below:

- Written/Request from Parent/Guardian (*required)
- Proof of income (see Process)
- Documentation showing receipt of assistance such as Food Stamps, Medicaid, SSI, Foster Care, WIC, etc.
- Written recommendation by school representatives, social workers, youth community center workers or other social services representatives.
- Financial Hardship Statement with supporting documentation.
- Other (*explain in detail*):