



a nonprofit corporation dedicated to youth volleyball
 6845 Via Valverde, La Jolla, CA 92037
www.LaJollaVolleyball.com

La Jolla Volleyball's prices are set very low, efficiently covering expenses: gym rental, uniforms, tournament entries, equipment, insurance, administrative costs, and coaching stipends. We rely on sponsors and donations to help fund families that cannot afford to pay our full fees. Our financial aid will be allocated on a need-based situation, and we reserve the right to verify information provided on this application, in order to ensure that the most needy families receive the assistance we have to offer. We reserve the right to request copies of recent pay stubs and/or tax returns in order to verify need.

Our aim is to offer assistance to many players, rather than just one or two, so we do not offer full (100%) scholarships. Parents/guardians of players receiving Financial Aid must fulfill additional hours of volunteer service during the season that aid is given. This may include paperwork, equipment help, uniform organization/distribution, or other such tasks.

ALL APPLICATIONS ARE HELD IN STRICT CONFIDENCE

Player's Name _____ Birthdate _____

Parent/Guardian _____ Phone _____

Address _____ City _____ Zip _____

Parent email: _____

To assist in determining the amount of aid required, please complete the following. Available funds will depend on donations and fundraising efforts. **Please make every effort to cover as much of your team fees as possible.**

A. Full Amount of Season Fees:	
B. Amount Able to Pay:	
C. Financial Aid requested: (subtract B from A)	

Explanation and Reasons for request for Financial Aid (please be specific; attach additional info if desired). You must be able to demonstrate financial hardship in order to qualify for financial assistance. Simply stating that club volleyball is expensive is not sufficient. Please explain your financial hardship below:

(If you need additional space to explain your financial need, please use a separate sheet of paper.)

- My daughter is sincerely interested in participating in La Jolla Volleyball this season and I have made every effort to cover the cost of the season fees.
- I understand that I (or a family member) must fulfill additional volunteer service for La Jolla Volleyball if I am granted financial aid.
- I also understand that my child’s participation in this program requires a commitment to attend the scheduled practices and games as a full-time member of the team.
- I am requesting financial assistance for a portion of her season fees and I verify that the information submitted on this application is true.

Parent/Guardian Signature _____
Date

Printed Applicant (Parent) Name: _____

-- FOR BOARD USE ONLY --

Application Approved: Yes ____ No ____ Amount awarded: _____

Comments: _____

Signature of LJV Financial Chairperson _____
Date