

# Peach City Volleyball Club Scholarship Application

Peach City Volleyball Club helps with registration fees for youth, who without a scholarship, would be unable to participate in the PCVC programs. PCVC is a non-profit organization with limited funding available for scholarships. No guarantee of a scholarship is implied by this application. *PCVC does not discriminate based on race, color, national origin, sex or disability in its program and activities.*

***\*Due date is day of tryouts! For 11U-14U due on November 1 (8-14), 15-18 Nov.2, 2025.***

## Eligibility

1. Applicant must be enrolled in school (kindergarten through 12th grade).
2. Parent/Guardian and participant commit that the athlete will attend a minimum of 90% of all scheduled practices and games.
3. Application must be completed by Parent or Guardian.
4. Applicant must submit a copy of last report card or progress report. C average or above is required to receive funding.

## Qualifications

Financial assistance will be considered for eligible players meeting one or more of the criteria below:

1. Receive assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, Free/Reduced lunch form from participants school and can provide written documentation of participation in these programs.
2. Provide recommendation by school representative, social worker, youth community center workers or other social service representative.
3. Provide a written statement of immediate financial hardship explaining the current situation. PCVC 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 a PCVC program. In these instances, the PCVC Board will consider the financial hardship statement to determine assistance eligibility. Please provide any supporting documentation that may support the facts in your financial hardship statement.

5. \**REQUIRED*\* A copy of the participant’s last report card. *C* average or above is required to receive funding.

4. \**REQUIRED*\* Short written statement (one page or less) by participant as to why they would like to play on a PCVC team.

## Procedure

1. Applications will be completed by Parent/Guardian.
2. Commitment statements will be signed by *both* Parent/Guardian and participant.
3. Application and supporting documents will be turned into a Club Director for review.
4. Club Directors will submit to PCVC board for approval and processing.
5. PCVC will consider all applications completed with all necessary documentation.
6. The amount of assistance awarded (if any) may be partial or full request depending on the number of applicants and the amount funds available.
7. Funds will be deposited in the Club Account designated to assist with the applicant’s season fees.
8. Parent/Guardian will be notified as to the amount (if any) of the award.



# Scholarship Application

*To be completed by parent/guardian and turned in to a Club Director*

Player’s name (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender (*please circle*): M / F Age: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade level (*please circle one*): 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 Number of siblings:\_\_\_\_\_\_\_

 12 / 13 / 14 / 15 / 16 / 17 / 18

Player lives with (*please circle*): *Both Parents Mother Father Other*

Parent/Guardian 1 name (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening or Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Annual Salary:\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 2 name (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening or Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Annual Salary:\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently receive state or federal financial assistance? (*please circle*) *yes / no*

If yes, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of assistance requested: Full Half Quarter 10%

Please indicate supporting documentation provided (*please check all that apply. At least one on of the first 3 are required as well.*)

|  |  |
| --- | --- |
|   | Proof of receipt of state or federal financial assistance  |
|   | Letter from social service representative  |
|   | Personal statement of financial hardship / Free/reduced lunch form from participants school. |
|   | Participant’s report card / progress report (*required* - *minimum C average*)  |
|   | Participant’s written statement about wanting to play for PCVC (*required*).  |

**Consent to exchange information** – I understand that information may be needed to verify eligibility or this program and to coordinate services with other agencies; therefore, I agree that agencies may share my child’s information. I certify that the information supplied is true and correct and that PCVC has my permission to verify the information on this application. I agree to comply with each of the Eligibility and Qualification requirements listed in this application

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Club Director Use Only**

I verify this applicant meets the financial assistance guidelines a specified above and would benefit from participating in PCVC programs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Peach City Volleyball Club Name Club Directors Date