## TOP CALIBER VOLLEYBALL SCHOLARSHIP APPLICATION

## 2024 SEASON

All answers and materials provided below will be kept in strict confidence and will be used only in the evaluation of your family's eligibility for financial aid. If the information submitted is proven to be false, the athlete will be disqualified for TCVC financial aid. If a financial aid recipient quits before the season is complete, the financial aid will be revoked and the player fees will be due in full in accordance with TCVC financial policies.

Financial aid is designed to pay up to \$500 towards the current year fees. Each TCVC financial aid recipient will be required to participate in TCVC fundraising programs and raise at least \$250 by January 1, 2024, in which the club will match the remainder. The financial aid will only be credited to the player's account once the minimum fundraising amount has been raised.

Athlete First Name	Athlete Last Name	Athlete Last Name		
Address	City	State	Zip	
Parent Cell Phone	Home Phone	Birth Date		
Parent Email	Play	Player Email		
INFORMATION NECESSARY	TO EVALUATE FINANCIAL NEED			
Total number of exemptions claime	ed on IRS Form 1040 or 1040 A for the tax yea	rs of 2021 and 2022		
Adjusted Gross Income disclosed	on IRS Form 21040 or 1040 A for the tax years	s of 2021 and	1 2022 .	
How much can your family afford t	to pay for TCVC this season?			
Describe any material differences loss of job, etc.)	in the ability to pay / expected income of the fa	mily in 2023/24 as compared to	the previous two years (i.e.	
INFORMATION NECESSARY	TO EVALUATE ELIGIBILITY			
Please sign and attach IRS Form a include the fee; just the signed for	4506. This authorizes the Committee to verify the m.	he information submitted above	with the IRS. Do NOT	
Please attach an essay of not long interested in playing club volleybal	ger than one page in length authored by the ath Il for Top Caliber Volleyball Club"	nlete that addresses the following	g subject: "Why I am	
PLEASE EMAIL OR MAIL ALL R	ESPONSES AND MATERIALS ADDRESS BE	ELOW NO LATER THAN 12/30/	2023	
Athlete Signature:	Parent/Guardian Signa	ature:		
Print Name of Parent/Guardia	n:			

Email: topcalibervolleyball@gmail.com

ADMINISTRATIVE INFORMATION