



Starlings Volleyball, USA Financial Assistance Application

Starlings Volleyball, USA helps with registration fees for youth, who without financial assistance, would be unable to participate in the Starlings volleyball programs. Starlings Volleyball, USA is a 501(c)(3) non-profit organization with limited funding available for assistance. No guarantee of assistance is implied by this application. *Starlings Volleyball, USA does not discriminate on the basis of race, color, national origin, sex or disability in its program and activities.*

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. 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 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. Starlings 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 Starlings program. In these instances, the Starlings 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 Starlings volleyball 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 Club Director for review.
4. Club Director will submit to Starlings Volleyball, USA for approval and processing.
5. Starlings Volleyball, USA 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.



Financial Assistance Application

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

Player's name (First, Last): _____

Gender (*please circle*): M / F Age: _____ Date of Birth: ____/____/____

School: _____

Grade level (*please circle*): 9 / 10 / 11 / 12 Number of siblings: _____

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

Parent/Guardian name (First, Last): _____

Address: _____ City: _____ State: ____ Zip: _____

Daytime Phone: _____ Evening or Cell Phone: _____

Email Address: _____

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

If yes, what type? _____

Amount of assistance requested: _____

Please indicate supporting documentation provided (*please check all that apply*)

- Proof of receipt of state or federal financial assistance
- Letter from social service representative
- Personal statement of financial hardship
- Participant's report card (*required - minimum C average*)
- Participant's written statement about wanting to play Starlings volleyball (*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 Starlings 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 Starlings programs.

Starlings Club Name

Club Director

Date