



Maverick Athlete Fund Request For Funding Form 2017/2018

On behalf of the Maverick Volleyball Club, we would like to thank you for your interest in participating in our volleyball programs.

The application form is used to identify athletes in financial need who are interested in participating in either a competitive or high performance volleyball program. Our goal is to help those athletes that would not have otherwise been able to participate in a Maverick volleyball team.

Listed below are the general funding guidelines for the Maverick Athlete Fund:

- Up to \$500 per athlete is available for competitive programs; \$1000 for high performance programs
- Multiple children within the same family can apply (separate forms must be submitted for each child)
- Funds are allocated directly to the team on behalf of the athlete
- Application Deadline: Oct. 31, 2017

The process to submit your application is as follows

- Complete the Athlete and Parent Information sections of this form.
- Submit a copy of your 2016 Income Tax Notice of Assessment or the most recent paystub/Employment Insurance to verify need for financial assistance.
- Send your completed form to benfund@maverickvolleyball.ca. If you have any questions please submit your questions to benfund@maverickvolleyball.ca.

*****PLEASE NOTE THAT THIS INFORMATION IS CONFIDENTIAL*****



APPLICATION FORM

ATHLETE INFORMATION

Name: _____ Age: _____

Date of Birth (D/M/Y): _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ School: _____

Gender (M) ____ (F) ____

Please indicate the year that the athlete joined the Maverick Volleyball Club. _____

Team Name: _____

Coach Name: _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian: _____

Address: _____

City: _____ Postal Code: _____

Telephone: Daytime: _____ Evening: _____

Email Address: _____

Number of Children in Household: _____

Check One: () One Parent Household () Two Parent Household

Have you submitted your 2016 Income Tax Notice of Assessment or the most recent paystubs/Employment Insurance stub to verify household income? Yes__No__

Have you received previous Maverick funding? Yes__No__

Has your child recently participated in Young Mavs programs or camp? Yes__No__

If yes, when? _____

Has your child work for the Maverick Volleyball Club's recreational programs (Young Mavs, Camps, etc.)? Yes__No__ If yes, when? _____

If no, would he/she be interested (must be in a 15 years of age or older) Yes__ No__



For office use only

TEAM INFORMATION

Age Group: _____ High Performance or Competitive? _____

Name of Team: _____

Name of Coach: _____ E-Mail: _____

Name of Team Treasurer: _____ E-Mail: _____

Total Team Fees 2017/2018: _____

Application received (d/m/y) Approved _____ Denied _____

First Time Funding Y/N: ___ Funding Amount: \$ _____

Notes: