



## **Maverick Benevolent Athlete Fund Request for Funding Form 2019/2020**

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 Benevolent Athlete Fund:

- Generally, \$500 - \$1000 is available to each athlete - depending on whether it is a competitive or high-performance program; amount of donations received; and the number of applicants
- 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, 2019**

The process to submit your application is as follows

- Complete the Athlete and Parent Information sections of this form.
- Submit a copy of your 2018 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](mailto:benfund@maverickvolleyball.ca). If you have any questions, please submit your questions to [benfund@maverickvolleyball.ca](mailto: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 (Home): \_\_\_\_\_ Telephone (Cellular): \_\_\_\_\_

School: \_\_\_\_\_ Gender (M) \_\_\_\_\_ (F) \_\_\_\_\_

Please indicate the year that the athlete joined the Maverick Volleyball Club. \_\_

T e a m  
Name: \_\_\_\_\_

C o a c h  
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 the 2018 Income Tax Notice of Assessment or the most recent

paystubs/ Employment Insurance stub to verify total household income? Yes\_\_No\_\_



