



## **Maverick Benevolent Athlete Fund Request for Funding Form 2020/2021**

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 may be available to each athlete. The total amount provided to an athlete depends on whether he/she is playing on a competitive or high-performance team; the funds received within the Benevolent Fund; 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: November 30, 2020**

The process to submit your application is as follows:

- Complete the application form.
- Submit a copy of your 2019 Income Tax Notice of Assessment or the most recent paystub/ Employment Insurance to verify need for financial assistance.
- Send your completed application form Notice of Assessment 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: \_\_\_\_\_

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

Team Name: \_\_\_\_\_

Team Fees: \$ \_\_\_\_\_

Coach's 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 2019 Income Tax Notice of Assessment or your most recent

paystubs/Employment Insurance stub to verify total household income?

Yes\_\_No\_\_



Have you previously received Maverick Benevolent funding? Yes \_\_\_ No \_\_\_

Has your child recently participated in Young Mavs programs or camp? Yes \_\_\_ No \_\_\_  
 If yes, when? \_\_\_\_\_

Has your child worked 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 15 years of age or older)? Yes \_\_\_ No \_\_\_

Briefly state why you would like your child to be considered for the Maverick Benevolent Fund:

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**PLEASE INDICATE THE AMOUNT THAT YOU ARE REQUESTING: \$\_\_\_\_\_**

**Signature of Parent:\_\_\_\_\_Date\_\_\_\_\_**