

Austin Junior Volleyball
2024-2025 Season
Scholarship Grant Application Form

This agreement needs to be signed and returned along with the Scholarship Grant Agreement to
The AJV Accounting Department
NO LATER THAN February 28, 2025.

You may email the form(s) to clubacct@austinjuniors.com

Player's Full Name: _____ Player's AJV Team: _____

Name of Person Completing This Application: _____

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

Home Phone: _____ Mobile Phone: _____

Email: _____

Father's Full Name: _____

Father's Place of Employment: _____

Father's Work Position Title: _____

Mother's Full Name: _____

Mother's Place of Employment: _____

Mother's Work Position Title: _____

Player's School: _____ Year of Graduation: _____

Player's Activities Involved in/at School: _____

Are any of these activities after school or on weekends? Yes No

How many years have you played club volleyball? _____ Current Team: _____

Number of Siblings Playing Club Volleyball: _____

Does player currently have a job? Yes No

If yes: How many hours per week? _____ Job Location: _____

Are you receiving any other form of financial aid to assist in the payment of dues? Yes No

If yes: How much? _____

Has your family previously received scholarship grant funds from AJV? Yes No

Please explain why this grant is essential for you in order to pay your dues in full:

What financial sacrifices are being made for you to play at AJV?

Signature: _____

Date: _____