

**Austin Junior Volleyball**  
**2024-2025 Season**  
**MP Grant Application Form**

**This form needs to be completed and signed along with the MP Grant Agreement Form**  
**no later than August 31, 2024**

Please return the completed forms to the AJV Accounting Department via email to [clubacct@austinjuniors.com](mailto: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: \_\_\_\_\_

Does Father's Place of Employment Participate in a Matching Program? Circle: YES NO

Mother's Full Name: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Mother's Work Position Title: \_\_\_\_\_

Does Mother's Place of Employment Participate in a Matching Program? Circle: YES NO

Will the matching contribution be made from someone other than the player's parent(s)? Circle: YES NO

If YES, please provide the following information:

Name of Person Making the Contribution: \_\_\_\_\_

Contributor's Email Address: \_\_\_\_\_

Contributor's Phone Number: \_\_\_\_\_

Has Player's first payment for the 2024-2025 Season been paid? Circle: YES NO

If NO, why not? \_\_\_\_\_

As of the date of completion of this application, are there any past due payments on Player's Account? YES NO

If yes, please explain: \_\_\_\_\_

Has your family previously participated in a matching program? Circle: YES NO

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_