



Carolina One Volleyball

Application for Financial Aid

All answers and materials provided below will be kept in strict confidence and will be used only in the evaluation of your family's eligibility for financial aid. If the information submitted is proven to be false, the athlete will be disqualified for C1VB financial aid. If a financial aid recipient quits before the season is complete, the financial aid will be revoked and the player fees will be due in full in accordance with C1VB financial policies.

Financial aid is designed to pay up to \$1000 towards the current year fees. Each C1VB financial aid recipient will be required to participate in C1VB fundraising and/or volunteer programs to raise at least \$300 by March 1, 2024. The financial aid will only be credited to the player's account once the minimum fundraising amount has been raised.

ADMINISTRATIVE INFORMATION

Athlete First Name _____ Athlete Last Name _____

Address _____ City _____ State _____ Zip _____

Parent Cell Phone _____ Home Phone _____ Birth Date _____

Parent Email _____ Player Email _____

INFORMATION NECESSARY TO EVALUATE FINANCIAL NEED

Total number of exemptions claimed on IRS Form 1040 or 1040 A for the tax years of 2021 _____ and 2022 _____

Adjusted Gross Income disclosed on IRS Form 21040 or 1040 A for the tax years of 2021 _____ and 2022 _____

How much can your family afford to pay for C1VB this season? _____

Describe any material differences in the ability to pay / expected income of the family in 2023/24 as compared to the previous two years (i.e., loss of job, etc.) _____

REFERENCES AND INFORMATION NECESSARY TO EVALUATE ACADEMIC ELIGIBILITY

Please attach end-of-year grade transcripts for the 2022-23 school year.

Please attach at least two references from non-family members attesting to the character of the athlete.

Please sign and attach IRS Form 4506. This authorizes the Committee to verify the information submitted above with the IRS. Do NOT include the fee; just the signed form.

Please attach an essay of not longer than one page in length authored by the athlete that addresses the following subject: "Why I am interested in playing club volleyball for Carolina One Volleyball Club"

PLEASE EMAIL OR MAIL ALL RESPONSES AND MATERIALS ADDRESS BELOW NO LATER THAN 12/30/2023

Athlete Signature: _____ Parent/Guardian Signature: _____

Print Name of Parent/Guardian: _____

Carolina One Volleyball Club, Attn: Scholarship Committee, PO Box 6338, Greenville, SC 29606
or email to kim.christman@carolinaonevolleyball.com