



*Please fax the following to 408.249.0104
no later than 5:00pm on November 7th, 2011*

____ Completed Application for Financial Assistance

____ 2010 Tax Return (please be sure to block out all social security numbers)

Application for Financial Assistance

Player Name: _____

Date: _____

Team: 12 13 14 15 16 17

GOLD (power) or BLUE (area)

Total Dues: \$ _____

Home Address: _____

City/Zip: _____

Home Phone: (____) _____ **E-mail:** _____

Current School of Player: _____ **Grade:** _____

Mother/Guardian Name: _____

Employer: _____ **Position:** _____

Father/Guardian Name: _____

Employer: _____ **Position:** _____

Parent's Marital Status: Single Married Separated Divorced Widowed

Player lives with Both parents Mother Father Other

Total number of family members living in your household: _____

Child: _____ **School:** _____ **Grade:** _____

Child: _____ **School:** _____ **Grade:** _____

Child: _____ **School:** _____ **Grade:** _____

Are you currently receiving financial assistance at your child(ren's) school(s) or other financial assistance? Please explain.

Financial Information - For the purposes of confidentiality, separated or divorced families
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may submit information on separate forms.

On whose tax return was the player claimed as an exemption in the last tax year?

Parents Jointly Mother Father Other:

Father's Annual Gross Income (from all sources): \$ _____

Mother's Annual Gross Income (from all sources): \$ _____

Please list your monthly expenses:

Expense		Description
Rent/mortgage:	\$ _____	_____
School:	\$ _____	_____
Insurance:	\$ _____	_____
Other:	\$ _____	_____

Please explain any other circumstances, financial or otherwise, that might have a bearing on this application. _____

Families needing financial assistance to help with club fees may inquire about, and apply for, Peninsula Juniors confidential Financial Assistance Program (FAP). **All applications for PJV FAP must be faxed no later than November 7, 2011.** Financial Assistance will be approved based on individual need and availability of funds. In no case shall financial assistance be approved in an amount that exceeds 50% of club team fees. Please consider this carefully if you are applying to the FAP and when assessing which team level your daughter will be trying out for.

I hereby allow this application to be reviewed by the Peninsula Juniors Volleyball Club Financial Assistance Committee (FAC) for the sole purpose of consideration of financial assistance towards volleyball club dues for my child. All information provided on this application will only be shared with the FAC and will be used to determine eligibility for financial assistance. In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in the termination of any financial aid. I understand that by submitting this application we (player and parent) will keep confidential all financial assistance information and will not discuss any receipt of financial assistance or the amount with any other member of Peninsula Juniors Volleyball Club. I also acknowledge that in order to avoid any and all animosity between players and parents that if I divulge receipt of financial assistance or the amount, I will be subject to the forfeiture of any and all financial assistance along with the immediate payment of all dues. Should my family receive aid, I am responsible for payment of all remaining dues by the payment deadlines. Should I fail to meet contractual payment arrangements, I will be responsible for the total dues, including the amount offered in financial assistance.

Parent Signature

Parent Signature

Player Signature

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