

Libero Virginia Volleyball Club

Libero, LLC

All information must be completed in order to be considered for assistance from the Libero LLC. Appropriate application fees must be paid at time of registration. Financial aid requests will not be considered if there is an outstanding balance on the family's account. Please be aware that families receiving assistance will be required to give 20 hours of service for Libero Virginia Volleyball Club or to Libero, LLC in exchange for the scholarship. Award determinations will be made after registration fees are paid and/or a payment plan is set up.

Player Information (submit one form for each player):

Player Name _____

Home Address _____

City _____ Zip _____

Phone _____ Email address _____

DOB _____ and U- _____

Travel Team Name: _____

Father's Name _____

Mother's Name _____

Marital status _____

Ways to complete/volunteer community service obligation to Libero Virginia Volleyball Club this year:

Social media activity (referral posts);

Events managing

Tournaments photographer

Friends refferal

Tuition cost _____

Itemized Yearly Income: Father's Annual Salary: \$ _____ (first adult living in house) Mother's Annual Salary: \$ _____ (second adult living in house)

Alimony: \$ _____ Child Support: \$ _____

Other Income: (Social Security Income, Food Stamps, Unemployment, Disability, Pension, trust funds, etc.): \$ _____ Total Gross Income: \$ _____

You MUST provide prior year federal tax return and all of the following documents that are relevant with your application along with a note from the club registrar as to your financial standing at this time:

- Federal tax return-prior year (joint or individual of both parents in the event of divorce, etc)
- If you receive child support, food stamps, Department of Social Services financial assistance or other assistance, please provide documentation of this assistance as well.
- Please list any special circumstances that may contribute to your request for financial assistance on separate sheet and attach to this form. Incomplete applications will NOT be processed or considered. I certify that the above information is accurate and truthful.

Signature _____ Date: _____

