**FC Firecrackers Financial Assistance Scholarship Application**

FC Firecrackers normally has some funds available each year for a small number of need-based financial aid grants to help families reduce the financial challenges of club volleyball. If you would like to apply, **PLEASE SUBMIT YOUR APPLICATION BEFORE TRYOUTS**, so that we can respond to you as quickly as possible after tryouts and before your player’s commitment date.

\*\*Player Name (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Player Date of Birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Parent/Guardian Name(s) (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*\*Parent/Guardian Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Parent/Guardian Phone Number (###-###-####): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Names and ages of other children living at home:

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\*\*Are any other children playing for FC Firecrackers Volleyball Club? If so, who?

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List any other activities between October and May that the player is committed to (example: school clubs, softball or other school sports, travel sports, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Summarize why you are applying for a FC Firecrackers Volleyball Club Financial Scholarship:

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\*\*Annual Household Income from all sources (wages, investments, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Has the player qualified for the free or reduced lunch program in school? (Yes/No): \_\_\_\_\_\_\_

“I commit to attend all FC Firecrackers practices and tournaments except for unusual and excused circumstances.”

\*\*Player signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“I attest that the information provided is accurate. I further attest that I will make it possible for my player to honor this commitment.”

\*\*Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit this form, along with the most recent household Form 1040(s) showing Adjusted Gross Income (complete Form 1040 is not required or desired) OR player’s reduced/free lunch approval document. Please black out social security numbers. You may submit paper copy in person or mail to FC Firecrackers Volleyball Club, Attn: Director, 1086 Clifton Pond Road, Louisburg, NC 27549. You may also scan or take a picture of this application and supporting documents and email to the Director, Tom Harris, at tom.harris@myredwolf.com.**

\*\* Required fields