

Scholarship Program 2018-2019

General

The Bartlesville Eclipse Volleyball Club has established a scholarship program to provide financial support to club members who are in need of financial assistance in an effort to promote the game of volleyball and to allow all players who desire the opportunity to play volleyball said chance. The amount and number of scholarships will vary based on availability of funds. Scholarships will be awarded only to current club members who demonstrate a true financial need for said fees. Financial needs may vary, from income, to exceptional circumstances such as medical bills, or employment changes. All scholarships will be awarded in accordance with NCAA rules to ensure players do not jeopardize their eligibility. Scholarships will be partial and full depending on the need of the player and the amount available.

Application Process

Those desiring scholarships should submit the attached application to the Board. Applications should be hand delivered to any board member (Tom Williams, Sheila Wood, or Rachel Hough).

Award Announcement

Once award determinations are made, the Board will inform all applicants of the result. The Board reserves the right to request documentation verifying financial need from those awarded scholarships. After financial information is verified, all documentation of applicants will be destroyed to maintain the privacy of the player. Scholarship awards and amounts will be maintained confidentially. Names of scholarship winners will not be announced in order to protect the privacy of the player and her family.

Uniforms

Scholarship awards will NOT be applied to spirit wear or additional items (shoes, kneepads, spandex). Uniforms are included in the scholarship

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Scholarship Application

Name: _____ Team: _____

Scholarship Amount Requested: _____

Parents' Name(s):

Basis for Request (explain the financial situation that creates the need for a scholarship.)

Please attach a copy of your 2018-19 Free/Reduced School Lunch Verification (if you have one). The form will be kept confidential and returned to you once your application has been reviewed.

I attest to the truth of the statements made in this application and agree that should they be found to be false, my daughter will be disqualified from receiving the Bartlesville Eclipse Volleyball Club Scholarship.

Name (printed): _____

Signature: _____ Date: _____