



2025-2026 Telluride Volleyball Club Financial Aid Application

*Applications must be received no later than **December 7th, 2025**. No late applications excepted.

**All information to remain confidential. Applications to be reviewed by TVBC scholarship committee (one board member & club director).

Part 1

Applicant's Name: _____ DOB: _____

Amount of Financial Assistance Requested : _____ (maximum amount typically 50% of club dues)

Number of Years Involved With The Club: _____ Team (U18, U16, etc....): _____

Would a payment plan be a benefit to the Applicant? (please circle one) Yes No

Parents(s)/Guardian(s) Names: _____

Mailing Address: _____

Contact Numbers: Home: _____ Work: _____ Cell: _____

Email Address: _____

Parent or Guardian Employer(s): _____

Part 2

On a separate page, please provide a brief description (approx. 200 words) of what volleyball means to you and why you want to be involved with the Telluride Volleyball Club (**to be written by athlete**).

Part 3

Is the applicant currently receiving free or reduced lunch at school? (please circle one) Yes No

If 'Yes', does the TVBC have your permission to verify free and reduced lunch status with the school district? Yes No

If you answered 'No' to either of the two previous questions, please provide the following information.

Monthly Income:		Monthly Expenditures:	
Employment Income - Self	\$	Mortgage/Rent	\$
Employment Income - Spouse	\$	Utilities	\$
Rental Income	\$	Auto (gas, maint., insurance)	\$
Alimony, Child Support	\$	Groceries	\$
Other Income	\$	Misc. (clothes, activities, etc.)	\$
		Alimony, Child Support	\$
Total Income	\$	Total Expenditures	\$
Difference (Income – Expenditures) =			

Part 4

I hereby certify that all the above information is true and correct and acknowledge that failure to complete this entire application and/or submitting false information may disqualify myself/my child from financial assistance. Should I receive and accept financial assistance from the Telluride Volleyball Club, **I agree to participate in at least 90% of TVBC's practices/events** and I agree to adhere to policies set forth by TVBC.

Athlete Name (print) _____ Athlete Signature _____ Date _____

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____

Financial Aid applications must be received by a TVBC coach/club director no later than December 7th, 2025.

Late applications will not be accepted.