

**JUNIOR OLYMPIC VOLLEYBALL**  
*Confidential Scholarship Assistance Form*

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**South Fargo Junior Olympic Program**

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*Please Print*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

Employer Name \_\_\_\_\_ Spouse Employer \_\_\_\_\_

Members of Family (include yourself)

<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Sex</i>	<i>Birthdate</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Please explain what this financial assistance means to you and your player:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What amount do you feel you can afford to pay?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In an effort to sponsor all individuals in need, it is necessary that everyone pays a portion of their fee, unless extreme circumstances exist where an exception may be made after careful review of the application.

**I certify that the above information is accurate to the best of my knowledge.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_