



RVC FINANCIAL AID APPLICATION

Child's Name: _____ Gender: _____ Age: _____

Parent's Name: _____ Relationship (if not parent): _____

Work Phone: _____ Home Phone: _____ Cell: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Desired Program: Summer Camp Jumpin' Juniors Itsy Bitsy Spikers Jump Up

Total household income: 0 - \$20,000
 \$20,000 - \$35,000
 \$35,000 - \$50,000
 \$50,000 - \$65,000
 \$65,000 - \$90,000
 \$90,000 +

How many people are supported by this income? 2 3 4 5 or more

Does this child qualify for free or reduced lunch? Yes No Unsure

How much money can you contribute toward the program fee? _____ or None

The following question should be answered by the child:

Why do you want to participate in this RVC program? How would entry to this program be a rewarding experience?

I certify the above information to be true.

Parent's Signature: _____ Date: _____

Applications must be submitted two weeks prior to start of event selected. You will be notified amount approved. Any remaining payment is due prior to start of program.

Mail to: Richmond Volleyball Club, ATTN: Junior Developmental Programs, 2921 Byrdhill Road, Henrico, VA 23228

Approved by:	Program:	Date:
Total Cost:	Total Award:	Amount Due: