ECLIPSE
VOLLEYBALL

Scholarship Application

Eclipse Volleyball is committed to making competitive volleyball accessible to all athletes, regardless of financial circumstances. To support families who demonstrate financial need, we offer a limited number of need-based scholarships each season. These scholarships are designed to support athletes who reflect our club values of growth, commitment, and community who might otherwise face financial barriers to participating.

Scholarship applications are reviewed by the Eclipse Board and awarded based on demonstrated need. Approved scholarships may cover up to 25% of club dues (a maximum of $750 for the 2026–2027 season).

SECTION 1: ATHLETE INFORMATION

- Athlete Name: _____
- Date of Birth: _____ Age: _____ Grade (2026-27): _____
- School Name: _____
- Eclipse Team: _____

SECTION 2: FAMILY CONTACT INFORMATION

- Parent/Guardian Name(s): _____
- Primary Contact Email: _____
- Phone Number: _____

SECTION 3: ATHLETE STATEMENT

To be completed by the athlete.

In 3–5 sentences, please share why volleyball is important to you and what being part of Eclipse Volleyball means to you:

_____

_____

_____

_____

_____

_____

SECTION 4: FINANCIAL DOCUMENTATION

Does your family qualify for any of the following need-based programs:

☐ TANF (Temporary Assistance for Needy Families)

☐ SNAP (Supplemental Nutrition Assistance Program)

☐ Housing Assistance (Section 8, public housing, rental assistance)

☐ WIC (Women, Infants, and Children Program)

☐ Medicaid or State Health Insurance Programs

☐ Free/Reduced Lunches at School

☐ Other: _____

☐ None of these (if you do not qualify for other financial assistance programs and you would like to be considered for a scholarship, please provide as much detail as possible below and we will take your application into consideration)

SECTION 5: FAMILY STATEMENT

To be completed by parent/guardian.

Please describe your family's financial need and any circumstances that may impact your ability to pay club fees. Include any relevant details (e.g., employment status, medical expenses, number of dependents, etc.). Feel free to attach another page if needed.

SECTION 6: SCHOLARSHIP TERMS & AGREEMENT

By signing below, you acknowledge:

- Scholarships are awarded based on financial need, athlete commitment, and available funds.
- Recipients are expected to uphold Eclipse Volleyball's standards of attendance, effort, and sportsmanship.
- All scholarship decisions are final and confidential.

- Please consider additional expenses during the club season, including transportation, food, and lodging for travel tournaments. Travelling with the team is a vital part of the club experience and associated costs are not included in the club dues. By submitting this application, I affirm that all information provided is truthful, complete, and accurate to the best of my knowledge.
- I understand that the scholarship committee relies on honest and transparent responses in order to make fair and equitable award decisions. Providing false or misleading information may result in disqualification from scholarship consideration or suspension from the team until full payment is made if the scholarship has already been awarded.

Parent/Guardian Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

SUBMISSION CHECKLIST

☐ Athlete and family statements completed
☐ Financial documentation attached or emailed
☐ Agreement signed by athlete and parent/guardian

Submit to: admin@eclipsevbc.com