ECLIPSE
VOLLEYBALL

Scholarship Application

Eclipse Volleyball is committed to making competitive volleyball accessible to all athletes, regardless of financial circumstances. We offer a limited number of need-based scholarships to support families who demonstrate financial need and align with our club's mission of growth, commitment, and community.

Scholarship applications for the 2025-26 club season are due by October 19, 2025, 11:59PM PDT.

SECTION 1: ATHLETE INFORMATION

- Athlete Name: _____
- Date of Birth: _____ Age: _____ Grade (2025–26): _____
- School Name: _____
- Eclipse Team: _____

SECTION 2: FAMILY CONTACT INFORMATION

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

SECTION 3: DOCUMENTATION OF FINANCIAL NEED

Please indicate if your family qualifies for any of the following need-based programs. If you do, please attach appropriate financial documentation:

☐ 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 4: 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 5: 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 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.
- Coaches making roster decisions during tryouts do NOT have prior knowledge of scholarship applications. All offer decisions made by coaching staff during the tryouts process is based purely on coaches' evaluation as it pertains to the standards for their teams. Eclipse gives all players an equal opportunity to be rostered to a team during tryouts, regardless of their scholarship status.
- Scholarships do not cover additional expenses during the club season, including transportation, food, and lodging for travel tournaments. Travel with the team is a vital part of the club experience and associated costs are not included in the club dues.
- 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 and/or suspension from the team until full payment is made if the scholarship has already been awarded.
- By submitting this application, I affirm that all information provided is truthful, complete, and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

SUBMISSION CHECKLIST

Submit to: info@eclipsevbc.com

☐ Agreement signed by athlete and parent/guardian

☐ Athlete and family statements completed

☐ Financial documentation attached or emailed