



# Guidelines and Application Information for The OC Volleyball Club Assistance Program (CAP)



## GENERAL INFORMATION

- Program will offer financial assistance to families for club fees through a needs-based evaluation system at the sole discretion of the sponsors/committee appointed by The OC.
- The number and amount of the awards will be based on available funds.
- Every effort will be made to give fair & equal treatment to all member applicants from The OC.
- Individual must be a current member in good standing with The OC, OKRVA, and USAV.
- Individual must provide proof of passing grades in all school subjects.
- Families may be asked to participate in fundraising and/or service opportunities within The OC.
- Any awards will be applied directly to the recipient's account as determined by the sponsor(s).
- Applicant information will remain confidential.

## TO APPLY *(Note: Applications must be turned in at/prior to signing date.)*

- Complete the Club Assistance Program information below.
- Submit a letter from parent or guardian stating their financial situation and potential needs.
- Submit a letter from the player as to why volleyball is important to them.
- Submit verification of current grades.

## STATEMENT OF UNDERSTANDING

I understand that, if approved for financial assistance, I will be required to participate as follows:

- Pay all fees not covered by the CAP award on time and in full.
- Participate in any and all club sponsored fundraisers and/or work assignment at The OC Volleyball Club's events (tryouts, work day, hosted tournaments, etc.) as requested.
- Commit to the highest level of participation possible in all scheduled team events for the entire season.

CAP award recipients are expected to participate in club activities at an even higher level than other participants. The sponsors are investing in the players as athletes and as people by providing them with financial assistance. Players are expected to make an investment in themselves with effort and hard work to improve as a player as well as contribute in their team's success and the success of the club.

By submitting this application, you indicate that you understand the details and requirements and agree to abide by them.

Player's Name: \_\_\_\_\_

Request\*: \_\_\_\_\_

\*recommend a percentage of club fees (30%, 50%, etc.) to be covered

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Player/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature