

PLAMONDON VOLLEYBALL CLUB WOLFPACK SCHOLARSHIP APPLICATION



PART 1 – TO BE COMPLETED BY ATHLETE

Legal Name in Full	
Mailing Address	
Telephone Number	
Email Address	
Date Of Birth (month, day, year)	

I, _____ have read and understand the conditions of the PVCW Scholarship. I affirm I plan to attend a post-secondary institution in the upcoming fall. I understand this application will be available only to PVCW athletes who graduate from high school at the end of the current club season. I am aware that each year a scholarship of \$1000.00 will be given to each 18U team, or a players graduating year, to be shared amongst eligible applicants. I am aware the application deadline is September 30th of the following club season. If selected as a PVCW Scholar, I agree to provide PVCW with a paid tuition receipt by December 31st of the following club season, to prove my attendance at a post-secondary institution, and a 250 word essay outlining my experiences as a PVCW athlete. If selected as a PVCW Scholar, I will receive payment after January 1st of the following club season.

Player Signature	
Date	

PART 2 – TO BE COMPLETED BY PARENT/GUARDIAN

Parent Name in Full	
Telephone Number	
Email Address	
Parent Signature	
Date (month, day, year)	

Date Received:
Received By:
Cheque #:

Athlete Essay Received:
Tuition Receipt Received: