

DURHAM ATTACK Cares

Athlete Assistance Program Application

As part of Durham Attack's overall philosophy of supporting youth in volleyball, the club provides funding for athletes with demonstrated financial need who would otherwise not be able to participate and/or whose families would experience serious financial hardship as a result of their participation. Athletes and parents should be assured that all applications will be kept strictly confidential. In order to seek additional funding, it may be necessary to seek permission to contact school officials.

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• Complete form and submit as per Athlete Assistance – How to Apply on the Durham Attack website. Questions? Email lisawillson7@gmail.com.

1. Applicant	t:
Athl	lete Name:
	m:
	ent Name:
	/or Guardian Name:
	ress:
	ne:
	ail:
	ool:
	son for Requesting Support
2. Referenc	ce:
	provide the name and contact info for a reference who is aware of the family's financial situation (Teacher, Cipal, Guidance Counselor Doctor, Dentist, Lawyer, Social Worker, Police Officer or Other).
Nam	ne:
Posi	ition/Relationship:
	ne:
Ema	

	Amount Required	Contributed by Family	Funding Requested
Registration Fees	\$	-\$	\$
Uniform/Equipment	\$	-\$	\$
Regular Season Travel	\$	-\$	\$
Provincials Travel	\$	-\$	\$
Nationals Travel	\$	-\$ -\$ -\$	\$
Other	\$	-\$	\$
Total	\$	-\$	\$
not intended for family travel costs.		haperones and sharing accommodation	on with another team member and is
4. Funding:			
☐ I have applied	d to Jumpstart.		
Date:	Stat	us/Amount Rec'd:	
I have applie	d to KidSport.		
Date	Stat	us/Amount Rec'd:	
I have applied	for Their Opportunity:		·
Date	Statu	us/Amount Rec'd:	
5. Program Requirements:			
• Athlete is and will remain a	member in good standing of	Durham Attack Volleyball Club	
• Athlete is and will remain a	full-time student		
• If 18u, athlete commits to p	ursue post-secondary educa	tion (university, college, appren	ticeship, etc.)
Athlete will write a thank-ye	ou letter to Program sponsor	s indicating why the funding is i	mportant to him or her.
I agree to abide by the condit	ions of the Athlete Assistance	e Program.	
Athlete Signature		Date:	
Parent/Guardian		Date:	

3. Season Budget: