

X2 Volleyball Financial Aid Form

Family Information

Parent/Guardian Name:

Email:

Phone:

Address:

City:

State:

Zip Code:

Athlete Information

Athlete Name:

Age:

Grade:

School:

Experience Level (Beginner/Intermediate/Advanced):

Financial Information

Annual Household Income:

Number of Dependents:

Amount Requested (Please indicate the clinic or clinics you are interested in attending and the amount of financial aid requested for each):

Essay Question (Please answer in 300 words or less):

Why does your child want to participate in our volleyball clinic? How will attending the clinic benefit your child?

By signing below, I acknowledge that the information provided on this form is true and accurate to the best of my knowledge. I also authorize X2 Volleyball to verify the information provided on this form.

Parent/Guardian Signature:

Date: