

Players Name:	Date:
Parents Name:	Years Participating in Club:
Mailing Address:	Team:
Parents Phone:	Alt. Phone:
Email Address:	Alt. Email:
Club Coach:	Specific Amount Requested:
North Idaho Volleyball Club Scholarships are awarded upon the Region. Each applicant is reviewed then approved or declined by and the amount of the scholarships are dependent on the number this season. Any NIVBC player/family that is awarded scholarships events during the current season. Our fundraising events are what need each year and player participation is key. Your coach will depend with confirmation of your participation. Lack of participate scholarships through NIVBC.	y the NIVBC board. The number of scholarships awarded of current applicants and the amount available to distribute hips are required to participate in minimum 2 fundraising at facilitates our ability to give scholarships to families in contact you with fundraising opportunities and provide the tion in fundraisers will result in denial of any future
 Please attach any letters of reference you may circumstances and your specific financial need. It is understood that submission of this application. I understand the conditions of this scholarship amount requested above. 	for this season.
Player Signature:	_ Date:
Parent Signature:	Date:

Scholarship application and any supporting material can be emailed to Northidahovbc@gmail.com or mailed to NIVBC PO Box 1432 Sandpoint, ID 83864



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