

INLAND NORTHWEST KLASSIC SCHOLARSHIP APPLICATION



Player's Name _____ Today's Date _____

Parent's Name(s) _____ Club _____

Mailing Address _____ Club Director _____

_____ Team _____

Email _____ Parent Phone _____

Scholarships are awarded upon the basis of financial need to USAV players from the Evergreen Region. Each application is reviewed, then approved or declined by the INK Executive Board. The number of scholarships awarded and the amount of those scholarships are dependent upon the number of applicants and the amount available to distribute during the current season. Please describe your circumstances and your specific financial need.

_____ Specific Amount Requested _____

Is your club providing your child a scholarship or are you doing other fundraising to help with club volleyball costs?

If you have any letters of reference, those can be sent apart from your scholarship application. You may attach additional pages to this application if needed. It is understood that acceptance of an application does not guarantee a scholarship. Please check the box for the scholarship(s) that you wish to apply for:

- Inland Northwest Klassic
 Spike2Care (only for regular season play)

I understand the conditions of this scholarship program and would like to be considered for the amount requested.

Player Signature _____ Date _____

Parent Signature _____ Date _____

Scholarship applications and any supporting materials can be emailed to inkvolleyball@gmail.com or mailed to:
Inland Northwest Klassic
PO Box 728
Spokane, WA 99210