

# Tri Area Warriors Scholarship Opportunity

**Application Deadline – January 13, 2023**

Application May Be:

1. Given to any Board Member
2. Emailed to: [triareawarriors@gmail.com](mailto:triareawarriors@gmail.com)
3. Sent By Mail: Tri Area Warriors Volleyball Club  
27226 Township Rd 514  
Spruce Grove, AB  
T7Z 1H3

## SCHOLARSHIP HISTORY

This scholarship made its debut February 2018. It is meant for athletes that show commitment, hard work, dedication, and coachable attitudes. Intended for athletes who may otherwise not be able to participate in club sport. Funding distribution decisions are determined by the club and are final. More information on this and the club may be found on the website at [triareawarriors.com](http://triareawarriors.com).

## Qualifying Guidelines

- ✓ Must be youth between the ages of 13-18 years old.
- ✓ May only apply once per volleyball club season as set by VA.
- ✓ Must be in good standing with the club.
- ✓ Priority will be given to returning athletes.

## **PROCESS - Please completed all steps**

1. Fill in the scholarship application form provided.
2. At least one reference letter must be included. This letter should be from a professional (Pastor, Principal, Teacher, Doctor, etc.) or a previous coach.
3. A letter from a parent stating why your athlete needs financial assistance.
4. Applications must be received by the posted deadline to be considered.

NOTE: The board may request additional information, including financial summary, at any time during this process.

## PRIVACY STATEMENT

TAWVC agrees that all information provided in and during this process is strictly confidential and will not ever be released to any other party.

## TAWVC Scholarship Application Form

### **Athlete Information**

Full Name: \_\_\_\_\_ Team: \_\_\_\_\_

Date of Birth (D/M/Y): \_\_\_\_\_ Gender: Male \_\_\_Female\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Parent/Guardian**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

### **Volleyball Background**

Circle Age Group: U13 U14 U15 U16 U17 U18

Number of Seasons with TAWVC: \_\_\_\_\_

1. List Clubs you have played for and how long:
2. List school teams and levels:
3. List camps or other have you attended:
4. What are your volleyball goals (dreams)?

5. Is there anything else you want to say?

### Two (2) Letters

Please ensure the following information is on each letter:

Full name: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to athlete: \_\_\_\_\_ Phone #: \_\_\_\_\_

NOTE: More information may be required and requested at any time during the processing status of this application.

1. Reference letter on Athlete's character and/or ambition from a professional which may include one of, Principal, Pastor, Teacher, Doctor, Past or Current coach, etc. Your reference letter person may be contacted.
2. Parent letter providing the financial situation in the family and any other information you would like us to know or understand.

Questions - Directed to Brenda Heisz:

Cell: 780-554-9039

Email: triareawarriors@gmail.com

All applicants will know the decision of the process within 2 weeks after the deadline posted. Thank you for your interest in our club and good luck to you in this process and in your volleyball season.

**PRIVACY STATEMENT:** TAWVC agrees that all information provided in and during this process is strictly confidential and will not ever be released to any other party without the express written consent from the applicant.